

New Hampshire Injuries, 1999 - 2001

New Hampshire Department of Health and Human Services
Office of Community and Public Health
Division of Epidemiology and Vital Statistics
Bureau of Health Statistics and Data Management

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Table of Contents

<u>INTRODUCTION</u>	1
<u>THE BUREAU OF HEALTH STATISTICS AND DATA MANAGEMENT</u>	2
<u>NH DHHS INJURY PREVENTION PROGRAM</u>	3
<u>DATA COLLECTION/DATA SOURCE</u>	5
<u>FREQUENTLY ASKED QUESTIONS</u>	6
<u>USER'S GUIDE</u>	9
<u>UNINTENTIONAL INJURIES</u>	11
<u>UNINTENTIONAL INJURY-RELATED DEATHS</u>	12
<u>UNINTENTIONAL INJURY-RELATED INPATIENT HOSPITALIZATIONS</u>	13
<u>UNINTENTIONAL INJURY-RELATED EMERGENCY DEPARTMENT (ED) VISITS</u>	18
<u>UNINTENTIONAL FALL INJURIES</u>	22
<u>UNINTENTIONAL MOTOR VEHICLE TRAFFIC INJURIES</u>	30
<u>UNINTENTIONAL OVEREXERTION INJURIES</u>	40
<u>UNINTENTIONAL POISONING INJURIES</u>	44
<u>UNINTENTIONAL STRUCK BY/AGAINST INJURIES</u>	51
<u>ASSAULT INJURIES</u>	59
<u>HOMICIDES</u>	60
<u>ASSAULT INJURY-RELATED INPATIENT HOSPITALIZATIONS</u>	62
<u>ASSAULT INJURY-RELATED EMERGENCY DEPARTMENT (ED) VISITS</u>	65
<u>ASSAULT STRUCK BY/AGAINST INJURIES</u>	68
<u>ASSAULT CUT/PIERCE INJURIES</u>	74
<u>ASSAULT OTHER SPECIFIED AND CLASSIFIABLE INJURIES</u>	76
<u>SELF-INFLICTED INJURIES</u>	81
<u>SUICIDES</u>	82
<u>SELF-INFLICTED INJURY-RELATED INPATIENT HOSPITALIZATIONS</u>	83
<u>SELF-INFLICTED INJURY-RELATED EMERGENCY DEPARTMENT (ED) VISITS</u>	87
<u>SELF-INFLICTED FIREARM INJURIES</u>	91
<u>SELF-INFLICTED POISONING INJURIES</u>	91
<u>SELF-INFLICTED CUT/PIERCE INJURIES</u>	100
<u>NEW HAMPSHIRE INJURY PREVENTION RESOURCES</u>	105
<u>ASSAULT INJURY PREVENTION</u>	105
<u>GENERAL INJURY PREVENTION</u>	106
<u>SELF-INFLICTED INJURY PREVENTION</u>	109
<u>UNINTENTIONAL FALL PREVENTION</u>	110
<u>UNINTENTIONAL MOTOR VEHICLE INJURY PREVENTION</u>	112
<u>UNINTENTIONAL POISONING PREVENTION</u>	113
<u>UNINTENTIONAL STRUCK BY INJURY PREVENTION</u>	114
<u>TECHNICAL APPENDIX</u>	115
<u>AGE-ADJUSTED RATES</u>	115

<u>CONFIDENCE INTERVAL CALCULATIONS</u>	116
<u>INJURY MATRICES</u>	117
<u>TABULAR APPENDIX</u>	123
<u>REFERENCES</u>	167

Introduction

Injuries continue to be a significant public health concern both nationally and in New Hampshire. Injuries are classified as either intentional (e.g. homicide, suicide, physical assaults, or self-inflicted injuries) or unintentional. Unintentional injuries were the leading cause of death for U.S. residents between the ages of 1-34 years in 2000.¹ For children aged 1-14, motor vehicle (MV) traffic crashes are the leading cause of death nationally. For Americans ages 10-24, suicide is the third leading cause of death and the second leading cause of death for ages 25-34. Homicide is the second leading cause of death for ages 15-19 and the third leading cause for ages 25-34.²

Trauma-related injuries were the third most expensive medical condition in the United States in 1997, costing over \$44 billion (third only to heart disease and cancer). Pulmonary conditions affected the largest number of people (41 million), followed by trauma-related injuries which affected 37 million people.³

Injuries also have a significant impact on the health and well-being of New Hampshire residents. In New Hampshire, unintentional injuries were the leading cause of death for residents 5-34 years of age in 2000.⁴ For NH residents ages 15-34, suicide is the second leading cause of death and the third leading cause of death for ages 10-14. Homicide is the fourth leading cause of death for ages 5-9 and the fifth leading cause for ages 15-34.⁴

While death is the most tragic and prominent outcome of injuries, death is not the most common outcome. In New Hampshire during 1999-2001, for every death due to injury, there were 13 hospitalizations, 248 emergency department visits, and an unknown number of visits to primary care physicians and other outpatient settings.

Within the realm of injury surveillance and prevention, the most widely-accepted definition of “injury” is that injuries are preventable incidents caused by acute exposure to physical agents such as mechanical energy, heat, electricity, chemicals, or ionizing radiation interacting with the body in amounts or at rates that exceed the threshold of human tolerance.¹ In 1989 the National Committee for Injury Prevention and Control expanded Haddon’s definition to include the absence of such essentials as heat or oxygen. This definition includes injuries from both intentional and unintentional causes.⁵

A core belief in the field of injury prevention is reflected in the phrase “injuries are not accidents”. In fact, the vast majority of injuries can be prevented, or at least the severity reduced. This becomes evident when injury incidents are analyzed critically. Was the driver distracted, following too closely, or traveling at an inappropriate speed for the weather conditions just before the crash? Was a stove left unattended, was a frayed electrical wire present, or a smoke detector disabled so a fire could start or go unnoticed? Did someone have the opportunity to walk away, take control of his or her anger, or talk through the situation instead of assaulting another person? Asking these types of questions frequently changes a person’s belief that injuries are not “accidents”, or random, uncontrollable acts of fate; rather most injuries are preventable.

Injuries are so prevalent that almost every person has experienced an adverse effect on their health or well-being as the result of an injury. The costs, in both human suffering and health care expenditures, attributable to injuries require that a public health approach to injury prevention warrants much more attention than it has traditionally received in terms of education, research, and funding. “There has been growing recognition that public health tools and methods used effectively against infectious and other diseases also can be applied to injury prevention...A result of this heightened public health awareness regarding injury is that preventive interventions concentrate not only on individual victims, but also on the environment and on the products used by the public.”⁶

This report presents the burden of injury for the years 1999 through 2001 to enhance a shared understanding of the impact of injuries in New Hampshire. The report is organized by standard injury intent categories - unintentional, self-inflicted, and assault. In each of these categories, the data are further divided by data type (i.e., deaths, inpatient hospital discharges, and emergency department visits). At the end of most sections, there are a few New Hampshire resources listed. While these resources are not all-inclusive they provide a starting place for finding programmatic information.

The Bureau of Health Statistics and Data Management

The Bureau of Health Statistics and Data Management (BHSDM) analyzes and distributes injury data for the state of New Hampshire to government agencies and other public and private organizations. The information housed in and reported by BHSDM is used to plan, administer, and evaluate health programs.

The Bureau of Health Statistics and Data Management is also responsible for maintaining and reporting on data from the Behavioral Risk Factor Surveillance System (BRFSS), the New Hampshire State Cancer Registry, inpatient and outpatient hospital discharges, and vital records (births, deaths, marriages, and divorces). The Bureau is committed to publishing useful reports that empower public health decision-making.

Feedback from communities and public health professionals is sought and encouraged. To learn more about the BHSDM's mission and services, please visit BHSDM's web site at <http://www.dhhs.state.nh.us/dhhs/bhsdm>

The tables and graphs in this report provide insight into the information available from the records of injury deaths, inpatient hospitalizations, and emergency department (ED) visits. Every indicator, however, cannot be presented in detail within this report. To request more detailed analysis of New Hampshire Injury Data, analysis from other data sets, or additional copies of this report, contact:

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Further information is available at the BHSDM website:
<http://www.dhhs.state.nh.us/dhhs/bhsdm>

NH DHHS Injury Prevention Program

The Injury Prevention Program's (IPP) mission is to reduce death and disabilities resulting from intentional and unintentional injuries. Injuries are not "accidents;" injuries are predictable and preventable. Decreasing injuries requires the combined efforts of health, education, transportation, law, engineering, and safety science professionals, community leaders, families, and individuals.

Major activities of the IPP include: educating professionals and the public on the scope and major causes of injury-related death and disability, identifying and implementing effective programs and strategies, collaborating with private and public sector stakeholders to increase the effectiveness of our work, and developing more effective public policies to reduce injuries.

Injury and violence prevention are a focus of *Healthy New Hampshire 2010 (HNH 2010)*, the state's disease prevention and health promotion agenda. The *HNH 2010* injury-related objectives, and the IPP's major activities to address those objectives, are:

- **Reduce fall injury deaths for adults age 65 and older.**
The IPP convenes a statewide falls risk reduction task force, which provides training to community groups interested in implementing a falls reduction program. The

task force has also implemented a social marketing targeted to seniors.

- **Reduce occupant motor vehicle deaths.** The IPP is an active member of “Buckle-Up NH”, a coalition that seeks to increase seat belt use and the correct use of infant and booster car seats. The program also works to enhance motor vehicle safety laws, including a graduated licensing program for adolescents.
- **Reduce firearms deaths.** The IPP participates in the NH Firearms Safety Coalition, a nationally recognized coalition that seeks to increase the safe storage and use of firearms. The Coalition produced and distributes a video geared to pre-teens on firearms safety.
- **Reduce physical assault injury.** The IPP provides funding to the NH Coalition Against Domestic Sexual Violence and their members statewide for community education programs on preventing and responding to sexual and domestic violence. The IPP also chairs the NH Coalition Against Media Violence, which seeks to educate parents and communities of the effects of media violence on children.
- **Reduce unintentional injury, excluding motor vehicle occupant injury, of children and adolescents.** The IPP funds the Injury Prevention Center at Dartmouth to develop and implement community-based programs for a wide range of injuries. The Center convenes NH Safe Kids, which helps community coalitions to implement programs.
- **Reduce suicide deaths and suicide attempts.** The IPP co-chairs the Youth Suicide Prevention Advisory Assembly, which is developing a set of community-based procedures to respond to suicides, suicide attempts, and ideation. Geared to professionals and others serving youth and their families, community teams will be trained to tailor the procedures to local capacity and resources.

For more information about these activities and others offered by the program contact the Injury Prevention Program:

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Further information is available at the IPP website:
<http://www.dhhs.state.nh.us/dhhs/injuryprevent>

Injury-Related Deaths

For the purposes of this report, an injury-related death is defined as a New Hampshire resident with an “Underlying Cause of Death” of an injury during the years 1999 through 2001. Beginning in 1999, a revised coding manual was implemented for mortality data – the International Statistical Classification for Diseases and Related Health Problems, Revision 10 (ICD-10). Using this manual, an injury case has an underlying cause of death of V01-Y36, Y85-Y87, Y89 or U01-U03.

Injury-Related Inpatient Hospitalizations

An injury-related inpatient hospitalization is defined as a New Hampshire resident with an admission to a New Hampshire hospital, during the years 1997 through 2001, that is longer than 24 hours. There must be a principal diagnosis of an injury and an E-code for the cause of injury. Deaths which occurred in the hospital were excluded from the inpatient hospitalization totals because they are already captured in the death database analysis. For inpatient hospitalizations, the coding manual in use is the International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM). A principal diagnosis of an injury is a code of 800-904.9 or 910-999.9. An E-code for the cause of injury ranges from E800-E999.9.

Injury-Related Emergency Department (ED) Visits

An injury-related Emergency Department (ED) Visit is defined as a New Hampshire resident seen in a New Hampshire hospital’s emergency department, during the years 1999 through 2001, with a principal diagnosis of an injury, and an E-code for the cause of injury. Deaths which occurred in the hospital were excluded from the emergency department totals because they are already captured in the death database analysis. In addition, a person seen in the emergency department who is subsequently admitted as an inpatient no longer has an emergency department record and is counted in the inpatient hospitalization analysis. For emergency department visits, the coding manual still in use is the International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM). A principal diagnosis of an injury is a code of 800-904.9 or 910-999.9. An E-code for the cause of injury ranges from E800-E999.9.

Self-Inflicted Injury-Related Inpatient Hospitalizations and ED Visits

For the self-inflicted injury-related inpatient hospitalizations and emergency department visits the case definition was expanded. For self-inflicted injuries, there may be an injury diagnosis in either the principal diagnosis field or any of the secondary diagnostic fields. This is different from the unintentional and assault injury definitions. The reason for expanding this definition is to capture those patients who may have been

brought into the hospital because of a suicide attempt but had a principle diagnosis code of a mental illness, such as depression. We did not want to exclude any of these cases.

Frequently Asked Questions

1. How is injury defined?

Injury refers to either a death where the underlying cause of death is an injury (U01-Y36, Y85-Y87, or Y89) or an inpatient hospitalization or emergency department visit in which there is a principle diagnosis of an injury (800-904, 910-999) and an E-code (external cause of injury) is present.

2. Is the injury definition in this report a national definition?

In the injury community there is an ongoing discussion about the definition of an injury case. Some believe that by defining an injury with both the principle diagnosis and an E-code, there is an under-representation of the true number of injuries. The first issue is with the percentage of cases that are actually E-coded. In many states, E-code reporting rates are not very high and, therefore, misrepresent the true number of injuries. However, in NH, E-coding is mandated and thus we have a very high rate of E-coding (95% of inpatient hospitalizations and 97% of emergency department visits). Therefore, requiring an E-code for an injury definition does not diminish the return for injury cases in New Hampshire.

3. How are the injury classifications within this report determined?

The injuries are defined by the Center for Disease Control and Prevention's (CDC) Injury Matrix. The matrix is a framework of E-code groupings for presenting injury mortality and morbidity data. The matrix groups injuries by both the intent and by the mechanism/cause. Due to the new ICD-10 death coding (1999 and later), there is a new injury matrix for classification of injury deaths. The format and groupings are similar to the previous matrix; however, the codes are no longer "E-codes." They are based on the underlying cause of death codes which for injury now begin with the letters U, V, W, X, or Y. The two injury matrices are located in the appendix.

4. Why isn't there information on where these injuries occurred?

In the vital record's death database, there is a field for the "Place of Injury." However, this field is an open text field, meaning that whoever fills out the death certificate can write anything in that space. In most injury death records, the place noted is not specific. Examples of the text found in this field are "Home," "Street," or "Highway." Many of the ICD-

10 injury codes are allowed a fifth-digit to signify place of occurrence. However, this fifth digit is usually not documented.

There is not a field specified for the place of injury in either inpatient or outpatient hospital records. There is however, a place of occurrence E-code. The place of occurrence E-code is a supplemental E-code, which could be specified in the secondary diagnosis fields of the hospital record. Examples of some of the places that are coded are “Home,” “Public Building,” “Street and Highway,” or “Place for Recreation and Sport.” Although this information would be helpful, the place of occurrence E-coding is not mandated, and is rarely used. Only about 7.9% of all inpatient hospitalizations and 3.7 % of all ED visits in this report have place of occurrence codes.

5. How accurate is the charge data?

The charge data is the amount that the hospital has charged for the services obtained during a patient’s visit, not the amount that it actually collects. The data is obtained from a billing record. The inpatient hospitalization charges are rather comprehensive. However, the ED visit charges differ widely from hospital to hospital. Some of the hospitals do not include the professional (physician) charges in the billing record that the health department obtains. Therefore, there are differences between the different hospitals when looking at charges for their ED visits. Approximately half of the emergency departments in the state do not include the professional charges. Therefore, the ED charge information in this report is likely lower than the actual charges due to injury.

6. What does the range or 95% confidence interval mean?

Most statistical estimates in this report include 95% confidence intervals (CIs). These are indicated by a symbol like this: I in the charts. When comparing rates over time or between groups it is necessary to consider the influence of random variation on the data. The result of this issue will tend to be more pronounced with fewer records. Because of this issue the National Center for Health Statistics recommends a set of procedures that estimates the variability of rates and percentages based on the number of deaths and injuries. Throughout the report these methods have been applied. A 95% confidence interval is a range of values in which the true value can be expected, under similar circumstances, 95% of the time.

7. How do I know if differences are “statistically significant?”

As mentioned in the previous Frequently Asked Question, the 95% confidence interval represents the range of values in which the true value can be expected, with 95% certainty, under similar circumstances. When comparing two groups on the same health topic the 95% confidence interval for these two groups should be compared. If the range of values in the 95% confidence intervals do not overlap between the two groups,

the difference between the groups is “statistically significant.” If the confidence intervals overlap (i.e., if the confidence intervals share any of the same values), no statistically significant difference exists between the two groups. It is possible, however, that a difference exists, but was not detected because there were too few deaths or injuries in one or more of the rates being compared. If very few deaths were included in the group being considered, the 95% confidence interval will be very wide, making it more likely to overlap with other confidence intervals. It is possible that by broadening the number of years considered—and thus increasing the number of deaths in the statistic—a more precise statistic might detect differences between groups. This is the reason the report presents most statistics as a three-year or five-year average of 1999-2001 or 1997-2001, respectively.

8. It is now 2003, why doesn't the report include more recent data?

While most data are collected on a reasonably timely basis, some data (especially data collected by other states) are not available for a considerable period of time. There are also occasional delays in data release because of problems with data quality, acquisition, or management encountered after the data has been submitted. The Bureau of Health Statistics and Data Management (BHSDM) is committed to improving the timeliness of data availability. At the time of this report's development, the most recent data available for analysis and reporting is 2001.

9. Why are some statistics reported as three-year or five-year averages?

This report includes three years of data, 1999-2001, for deaths and emergency department visits. It includes five years of data, 1997-2001, for inpatient hospitalizations. It is possible to increase the statistical power for less frequent events by combining data for three (or five) years. This also makes the statistics more stable. Because the injury-related data from the years 1997-2001 does not vary, using a three-year or five-year average does not hide important information. For charge data, the most recent year of data (2001) was used due to factors such as technological gains affecting charges and inflation over the years.

10. Where can I find more information about how to interpret the data I have found?

Please feel free to contact the Bureau of Health Statistics and Data Management with any questions you may have:

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Further information is available at the BHSDM website:
<http://www.dhhs.state.nh.us/dhhs/bhsgdm>

User's Guide

This report is organized into three major sections by injury intent. For example, a section of this report is dedicated to unintentional injuries. Within this section, all severities of injury (deaths, inpatient hospitalizations, and ED visits) are discussed. Each section is further broken down into specific topics. The most common mechanisms/causes of injury for each intent were chosen for the in-depth analysis sections.

All of the information included in this report reflects the data collected about New Hampshire residents. In the future, we hope to obtain the inpatient hospitalization and ED visit information for our residents who go out of the state for their hospital treatment. However, unless otherwise noted, the data discussed in this report represents injuries to New Hampshire residents who have died or NH residents who have been treated in New Hampshire acute care hospitals.

The main body of this report includes figures that are of interest to a wide audience. Certain groups may be interested in more detail than is presented in the main body of this report. Thus, an extensive Appendix - which provides detailed tables to supplement the figures with additional detail - is included in this report.

Data in this report is presented in a variety of ways. Simple counts of the number of deaths by gender and age group, percentages of the total number (such as the percentage of inpatient hospitalizations for which Medicare paid for the hospitalization), and rates (such as unintentional elderly falls) are all included in this report. The reader is encouraged to pay close attention to figure and table titles and legends, as a variety of statistics may be used within a single section. The technical appendix includes formulas used to generate the statistics in this report.

A 95% confidence interval (CI) is reported around many statistics in this report (and indicated by a symbol like this: I in the charts). A 95% confidence interval is the range of values that, with 95% certainty, includes the true value for the entire population. If the range of values in the 95% confidence intervals do not overlap between two groups, the difference between the groups is "statistically significant." If the confidence intervals overlap (i.e., if the confidence intervals share any of the same values), no statistically significant difference exists between the two groups. Please refer to the technical appendix for more information.

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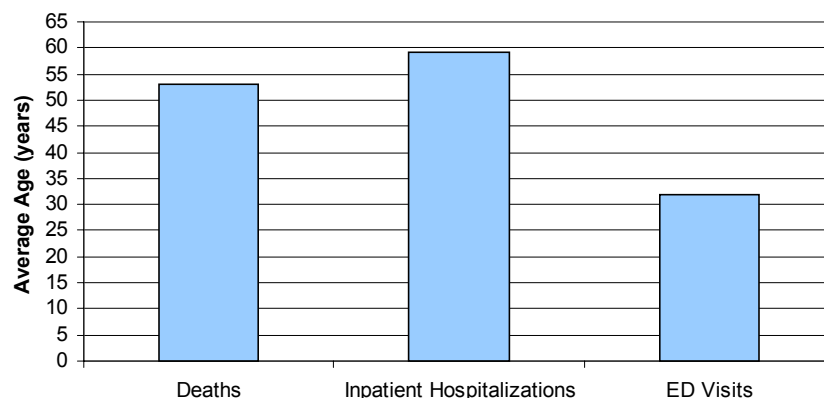
Unintentional Injuries

Unintentional injuries are, for the most part, preventable. Mechanical malfunctions of machines and cars or weather that contributes to slippery and dangerous driving conditions can't be controlled; however, factors can be taken into consideration and small changes in behavior can be made to reduce some of the risk. Avoiding distractions while driving, not tailgating, and reducing speed during bad weather will help to prevent many crashes. The use of seat belts and having young children appropriately restrained in infant or booster seats in the back seat will help to prevent injuries or at least reduce the severity. Wearing safety goggles while operating machinery will likely prevent foreign bodies from penetrating the eye. Wearing a helmet while biking or skiing may well prevent major trauma to the brain in the event of a fall.

Across the life span the burden from unintentional injuries is greater than that from intentional injuries. In New Hampshire in the year 2001:

- 377 people died from unintentional injuries, with a mean age of 53.0 years.
- 4,334 people were discharged from the hospital due to unintentional injuries with the mean age of patients of 59.1 years.
- 128,762 people were discharged from an emergency department due to unintentional injuries, the mean age of patients was 31.9 years.

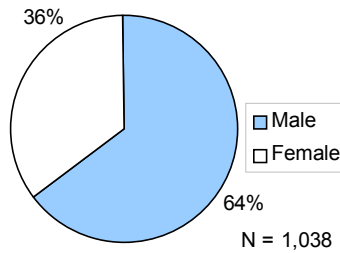
Figure 1. Average Age of Unintentional Injuries by Injury Severity, NH Residents, 2001



Unintentional Injury-Related Deaths

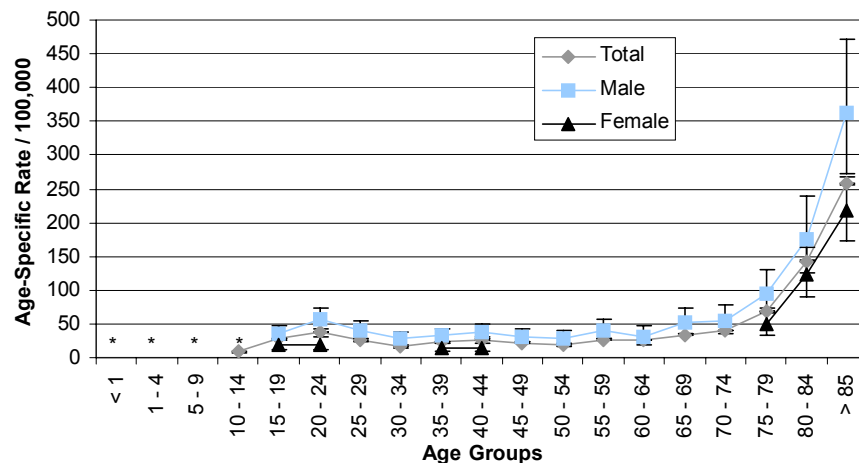
Unintentional injury deaths in New Hampshire affect some populations more than others. For example, males account for 2/3 of all unintentional injury deaths.

Figure 2. Unintentional Injury-Related Deaths by Gender, 1999-2001



When looking at the age-specific rates of death (see Figure 3), note the spike at the age group 20 to 24 years and an increase in the death rate from the age of 65 years and older. One important factor contributing to the increase in deaths for the older age groups is the susceptibility of older people to greater injury severity than the younger age groups. The elderly population has a greater likelihood of suffering a debilitating injury or dying from even a minor injury mechanism/cause. The spike in the age group of the 20 to 24 year olds can be evaluated further by looking at the specific mechanisms/causes of death in more detail.

Figure 3. Unintentional Injury-Related Death Rates by Age Group and Gender, 1999-2001



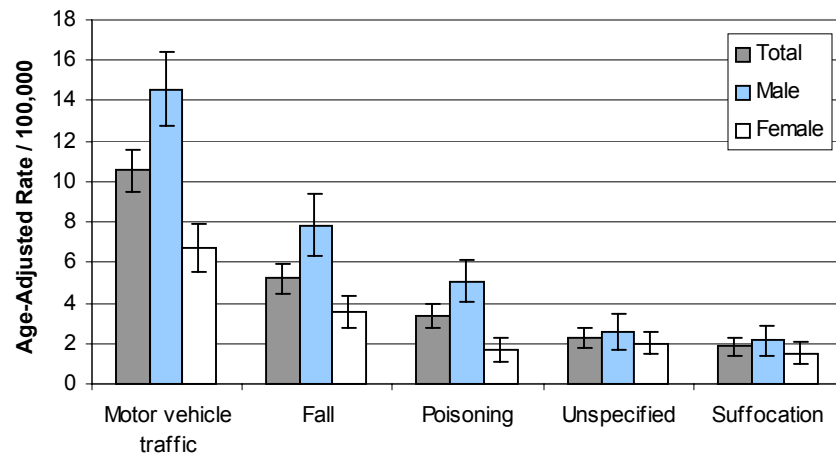
* Unable to calculate rate due to a frequency less than 20.

When examining age-specific death rates by gender, male death rates are similar to total population death rates. It is difficult to assess New Hampshire's female population due to the small number of female deaths.

A rate can only be calculated in seven of the nineteen age groups, because the female death counts in the others equal less than twenty.

Looking at Figure 4, the male rates for “Motor vehicle traffic”, “Falls”, and “Poisonings” are more than twice the rates of females. Motor vehicle deaths are the most common injury-related death, followed by “Falls” and “Poisonings”.

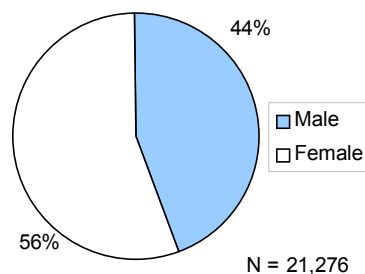
Figure 4. Top Five Unintentional Injury-Related Death Rates by Mechanism/Cause, 1999-2001



Unintentional Injury-Related Inpatient Hospitalizations

An inpatient hospitalization is defined as a patient who is discharged from an acute care hospital after a stay of 24 hours or more. For the purposes of the analyses in this report, deaths in the hospital are excluded since they are included in the death section. Inpatient hospitalization patients are typically more severely injured than those treated and released from the Emergency Department (ED). According to the National Hospital Discharge Survey, injuries resulted in 2.6 million inpatient hospitalizations in 1995.⁷ Within the United States, hospitalization rates for all ages combined are similar for both males and females. There are significant differences within certain age groups however. For ages 15 to 24, males have twice as many hospitalizations as females. Conversely, for ages 75 and older, the rate for females is 1.4 times that of males.⁸ In NH, males make up 44% of all inpatient hospitalizations, while females contribute 56%. This is statistically different from the U.S. as a whole. The average age for a hospital discharge due to injury is 59.1 years.

Figure 5. Unintentional Injury-Related Inpatient Hospitalizations by Gender, 1997-2001



Looking at the rates by age group, the overall graph looks rather flat across all age groups until the age of 65, where the rates begin to increase sharply (see Figure 6). Looking at just the younger age groups, there is actually a sharp increase in the rates of injury-related hospitalizations for the ages between 15 and 24 (see Figure 7). The extremely high rates in the oldest age groups mask these rates in the younger age groups. Looking at the mechanisms/causes of injury can help to determine the cause of the high rates in these two younger age groups.

Figure 6. Unintentional Injury-Related Inpatient Hospitalization Rates by Age Group and Gender, 1997-2001

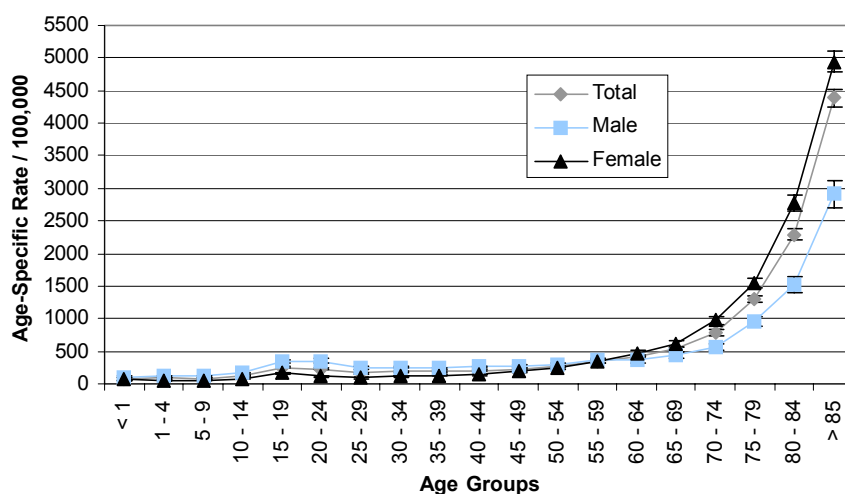
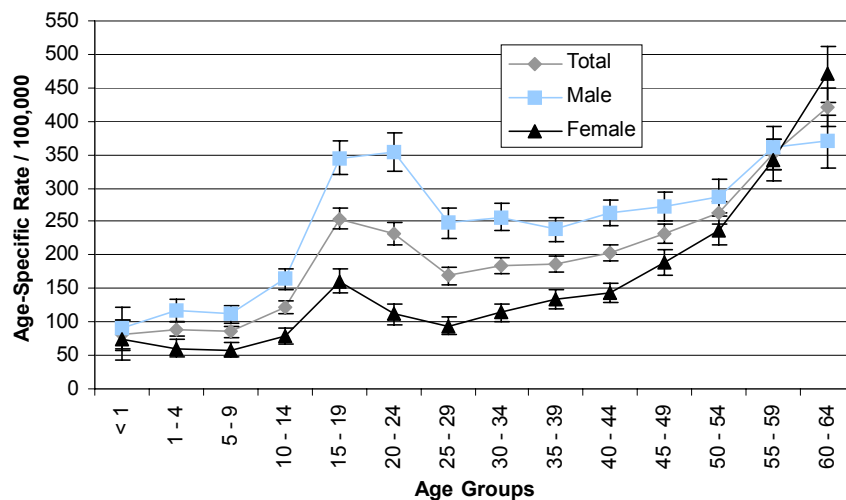


Figure 7. Unintentional Injury-Related Inpatient Hospitalization Rates by Age Group (<65 yrs) and Gender, 1997-2001



Overwhelmingly, the major mechanism/cause of injury for all age groups combined is a fall (see Figure 8 and Figure 9). Falls are the cause of the highest rate of inpatient hospitalizations in the elderly. (See the separate section on unintentional falls). The second most common mechanism/cause is motor vehicle traffic. This is the explanation for the high rates of inpatient hospitalization in the younger age groups (15-24). This mechanism/cause is investigated in the motor vehicle traffic section.

Figure 8. Unintentional Injury-Related Inpatient Hospitalization Rates by Mechanism/Cause, 1997-2001

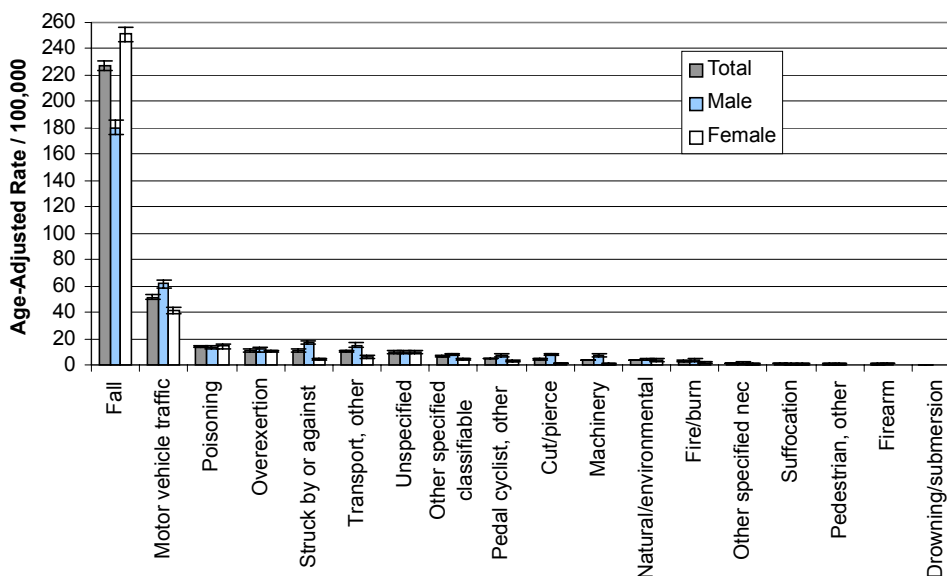
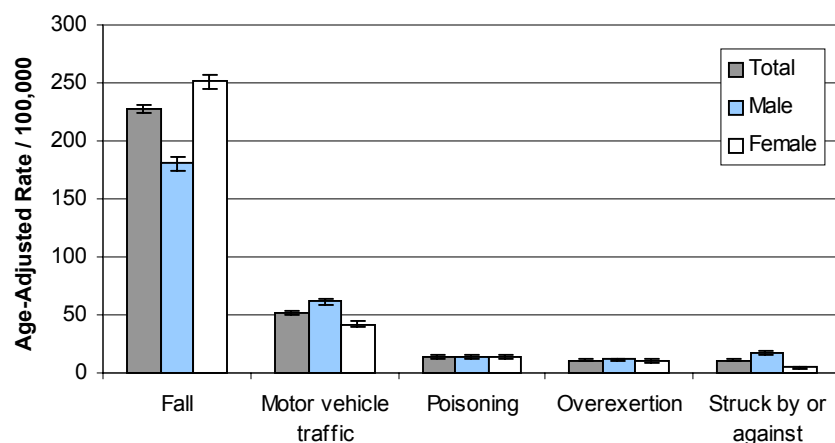


Figure 9. Unintentional Injury-Related Inpatient Hospitalization Rates by Top Five Mechanisms/Causes, 1997-2001



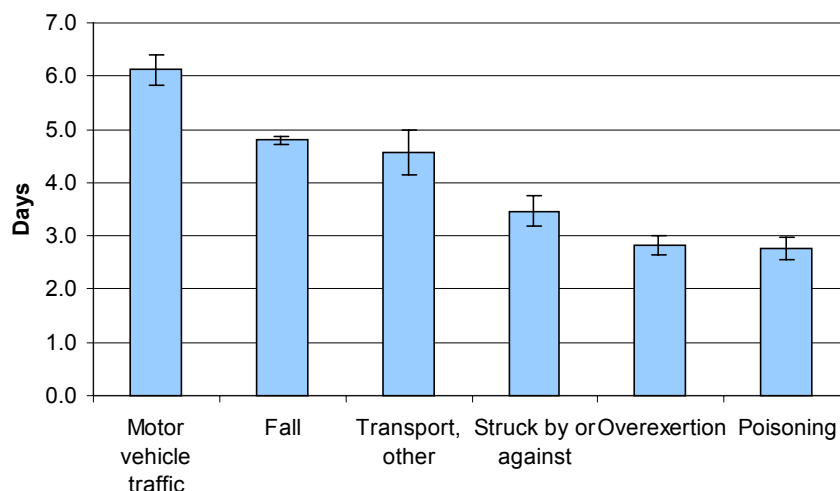
Looking at the disposition of inpatient hospitalizations (Table 1), most patients are discharged to “Home, self care”, followed by “Skilled nursing facility/structured/assisted living” and “Home health service”, respectively. In addition, quite a high number of patients are discharged to “Specialized facilities” (i.e., rehabilitation facilities) following an injury-related hospitalization. The patients who go to the skilled nursing facility or an intermediate care facility are usually from the elderly population and would need transitional care and rehabilitation before returning to their home environment or to an alternative living arrangement.

Table 1. Unintentional Injury-Related Inpatient Hospitalizations by Disposition, 1997-2001

Disposition	< 65	≥ 65
Home, self care	7,681	1,537
Home health service	1,253	1,147
Transfer to specialized facility	663	1,430
Skilled nursing facility/structured/assisted living	503	5,590
Other short term hospital	230	190
Transfer to psychiatric facility/psych in acute facility	119	166
Against medical advice	90	7
Intermediate care facility	45	625
Total	10,584	10,692

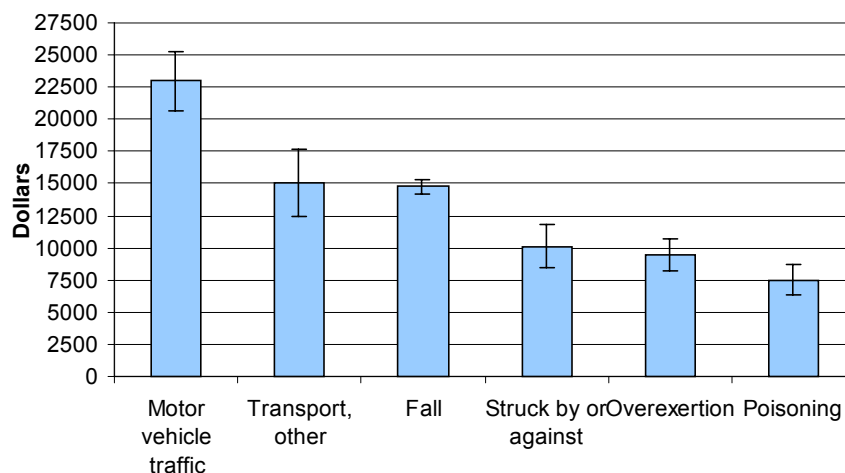
Patients in the hospital due to a “Motor vehicle traffic” injury have an average length of stay that is significantly longer than that of the other top mechanisms/causes of injury (see Figure 10). “Overexertion” and “Poisoning” have the shortest stay of the top six mechanisms/causes of unintentional injury-related inpatient hospitalizations. Those admitted to the hospital for unintentional injury, on average, stay from 3 to 6 days.

Figure 10. Average Length of Stay for Unintentional Injury-Related Inpatient Hospitalizations by Top 6 Mechanisms/Causes of Injury, 1997-2001



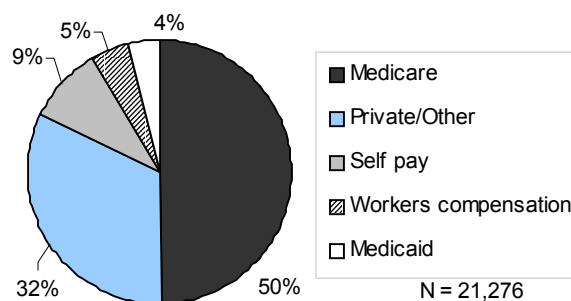
The most expensive injury-related inpatient hospitalization is due to motor vehicle traffic crashes (see Figure 11), which is a reflection of the severity of these injuries. The average charge for a motor vehicle traffic hospital stay is \$22,964 (20,633 – 25,296). Fall injuries are also quite expensive with an average charge of \$14,758 (14,226 – 15,289). The least expensive of the top six injuries are poisonings, which still cost approximately \$7,478 (6,289 – 8,666). These ranges of average charges, in combination with the high frequency of unintentional injuries provide strong justification for evidence-based prevention programs to be implemented statewide. Injury prevention interventions are known to be cost effective. For example, every dollar spent on a bicycle helmet saves society \$30; every dollar spent on a smoke detector saves society \$55-70; and every dollar spent on a poison control center saves society \$7 in medical costs alone.⁹

Figure 11. Average Charges for Unintentional Injury-Related Inpatient Hospitalizations by Top Six Mechanisms/Causes of Injury, 2001



While 32% of the unintentional injury-related inpatient hospital visits are paid for by “Private/Other” (commercial insurance), 50% are paid for by Medicare (Figure 12). The high percentage of charges paid by Medicare reflects the proportion of elderly people receiving treatment by inpatient hospitalization.

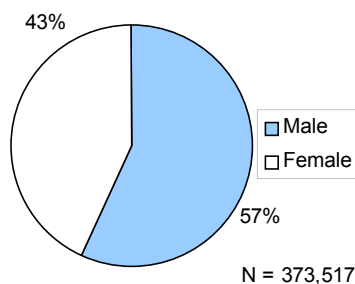
Figure 12. Unintentional Injury-Related Inpatient Hospitalizations by Payer-Type, 1997-2001



Unintentional Injury-Related Emergency Department (ED) Visits

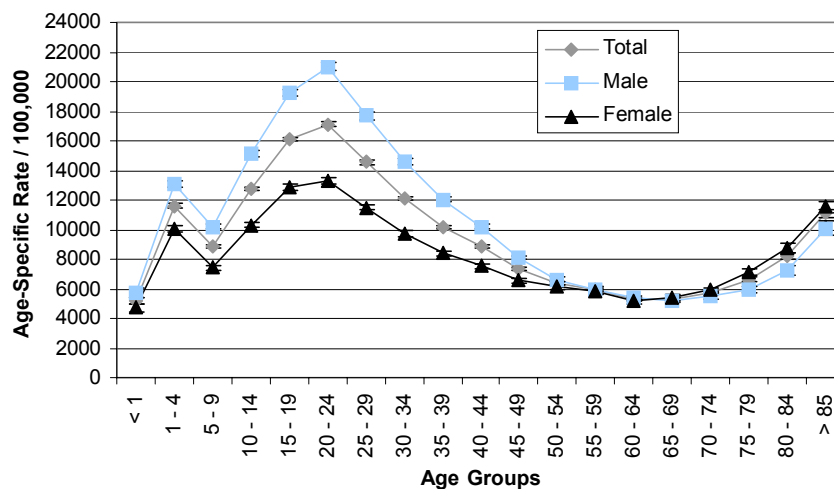
Males make up a majority (57%) of the emergency department visits from unintentional injuries (Figure 13).

Figure 13. Unintentional Injury-Related ED Visits by Gender, 1999-2001



Emergency department visits from unintentional injuries also represent a very young population (see Figure 14). The highest rate of visits are from the 15-19 and 20-24 age groups. There is a dip in the rates among middle-aged adults and the rates increase for the elderly population. The emergency department is being used by the young population starting at age 1 through age 44 more than any of the other ages.

Figure 14. Unintentional Injury-Related ED Visit Rates by Age Group and Gender, 1999-2001



The most common injuries treated in the emergency department are due to “Falls”, followed by “Struck by or against”, “Overexertion”, and “Cut/pierce” (see Figure 15 and Figure 16).

Figure 15. Unintentional Injury-Related ED Visit Rates by Mechanism/Cause, 1999-2001

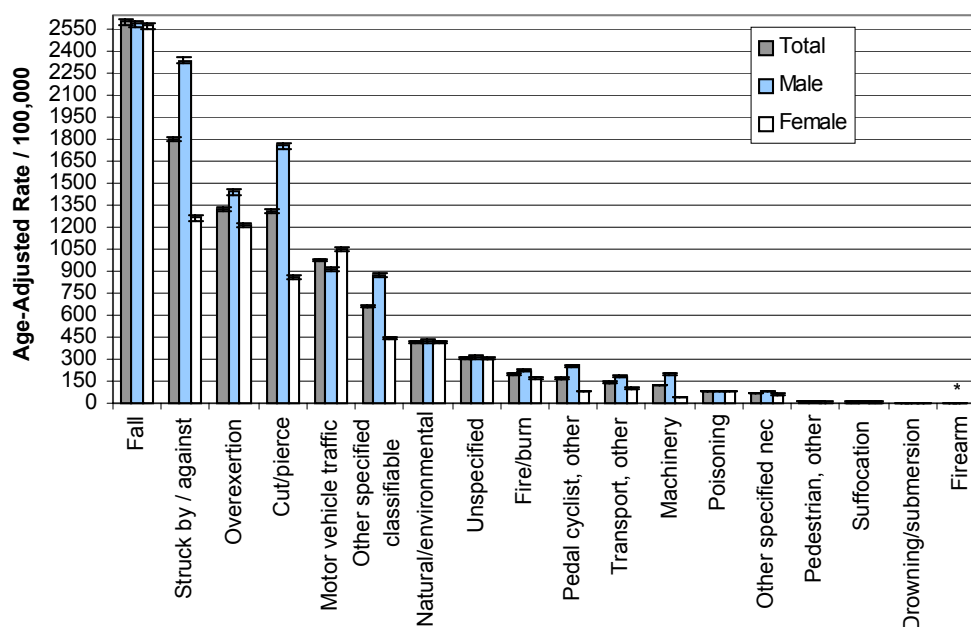
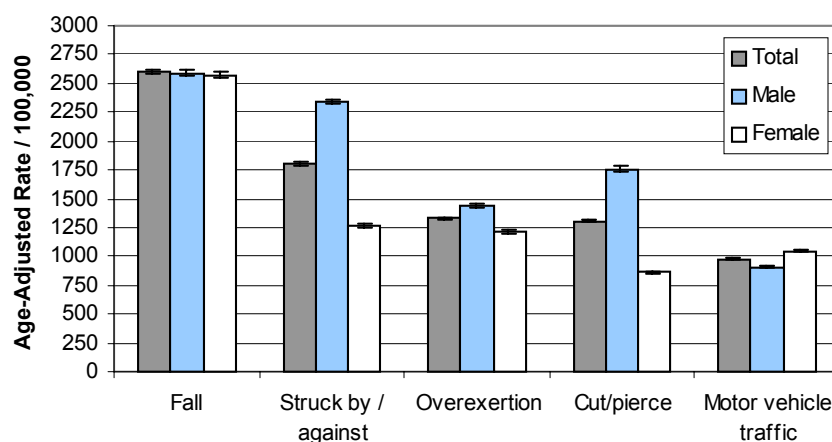


Figure 16. Unintentional Injury-Related ED Visit Rates by Top Five Mechanisms/Causes, 1999-2001

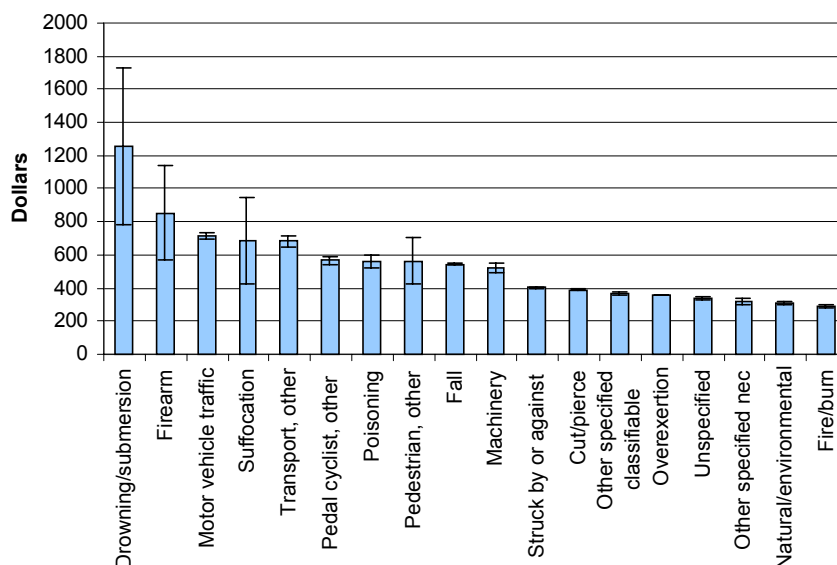


Patients treated in the emergency department (ED) usually are treated and released to “Home, self care” (Table 2). There are a few patients who do require some sort of after-treatment from another facility. These patients are the more severely injured, but not severe enough for an inpatient hospital admission to an acute care hospital.

Table 2. Unintentional Injury-Related ED Visits by Disposition, 1999-2001

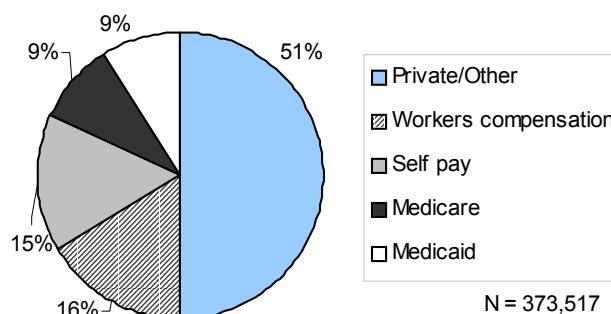
Disposition	< 65	≥ 65
Home, self care	340,847	28,604
Other short term hospital	1,233	358
Against medical advice	423	23
Patient left before treatment	359	18
Skilled nursing facility/structured/assisted living	145	641
Transfer to psychiatric facility/psych in acute facility	105	5
Intermediate care facility	53	485
Home health service	53	89
Redirected to appropriate provider	31	12
Transfer to specialized facility	20	13
Total	343,269	30,248

The most expensive injuries are due to “Drowning/Submersion” and “Firearms” with average charges of \$1,256 (786 – 1,726) and \$854 (570 – 1,139), respectively, per ED visit in 2001. These injury charges are statistically higher than most other mechanisms/causes (see Figure 17).

Figure 17. Average Charges for Unintentional Injury-Related ED Visits by Mechanism/Cause, 2001

Looking at Figure 18, ED visit charges are mainly paid for by “Private/Other” (commercial insurance) and worker’s compensation. Primarily the young and middle-aged populations use these two types of health coverage.

Figure 18. Unintentional Injury-Related ED Visits by Payer-Type, 1999-2001



Unintentional Fall Injuries

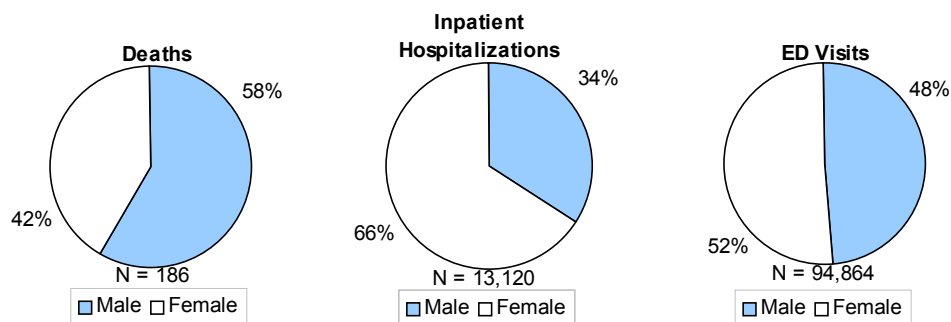
Unintentional falls are the leading cause of injury-related death for elderly Americans aged 65 years and older.² In both the US and NH, falls are the leading cause of injury-related hospitalizations across all age groups.¹⁰ In NH, falls are also the leading cause of injury-related ED visits, once again across all age groups. Unintentional falls are a leading cause of non-fatal injury across all age groups, but especially among children and the elderly.

Often, particularly in the case of the elderly, falls contribute to a subsequent death. Unfortunately, “these injuries are not coded as the underlying cause of death and thus the number of fall-related deaths is grossly underestimated.”¹¹

Although people of all ages suffer injuries from falls, the elderly make up a disproportionate number. However, falls are not an inevitable consequence of aging. Most falls in the elderly population are a result of several predisposing factors as well as the circumstances and surroundings at the time.

Looking at Figure 19, males make up a majority of deaths due to fall injuries in New Hampshire. Nationally, males older than 65 years are 22% more likely to die as a result of a fall than females.² Females make up a majority of inpatient hospitalizations from fall injuries in New Hampshire. Nationally, women older than age 65 are hospitalized with a hip fracture due to a fall three times more often than males.² However, fall-related ED visits are equally comprised of males and females (see Figure 19). There may be several reasons that women and men experience different results from a fall. Osteoporosis may play a role in hip and other limb fractures for women. The situation surrounding the falls may differ for men and women, with women more likely to fall on their hip and men more likely to fall and suffer head injury.^{12, 13} Further research and analysis is needed.

Figure 19. Unintentional Fall Injury-Related Deaths (1999-2001), Inpatient Hospitalizations (1997-2001), and ED Visits (1999-2001) by Gender, NH Residents



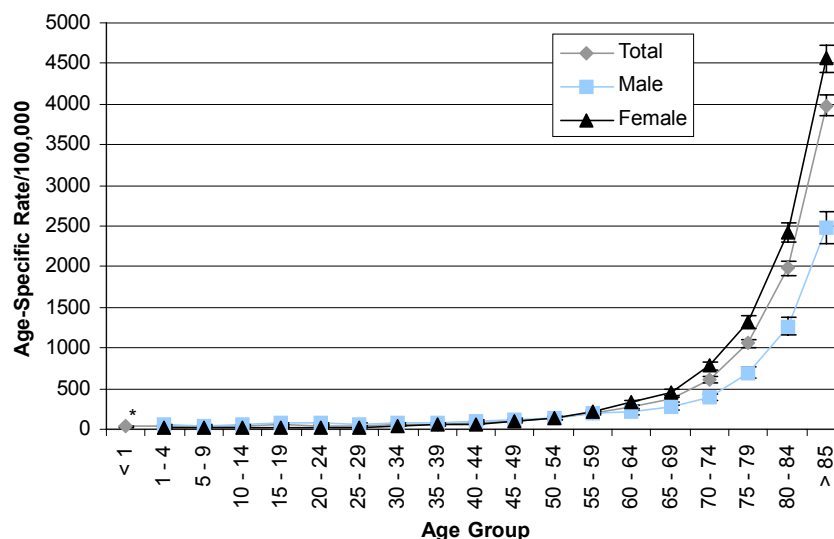
In NH we do not have large enough numbers to calculate fall injury-related death rates by age group. However, by looking at the counts (Table 3), it is easy to see that of the population that falls, the elderly population disproportionately dies as a result of that fall injury. The elderly are likely to be frailer with a greater chance for comorbidities than the young. Physiological changes that occur with aging can result in a slower response time which can contribute to the elderly population's mortality from more frequent and more severe falls.

Table 3. Unintentional Fall Injury-Related Deaths by Age Group and Gender, 1999-2001

Age Group	Total	Male	Female
0 - 4	0	0	0
5 - 14	2	2	0
15 - 24	3	1	2
25 - 34	4	2	2
35 - 44	10	7	3
45 - 54	8	6	2
55 - 64	11	9	2
65 - 74	26	19	7
75 - 84	62	36	26
85 +	60	26	34
Total	186	108	78

As we examine fall hospitalization rates, the elderly once again suffer from the highest rates of fall-related injury inpatient hospitalizations (see Figure 20). This can be explained by the same factors as the fall-related deaths: the elderly are likely to be more frail with greater comorbidities than the young, thus increasing the elderly fall-related inpatient hospitalization rates from more frequent and severe falls.

Figure 20. Unintentional Fall Injury-Related Inpatient Hospitalization Rates by Age Group and Gender, 1997-2001

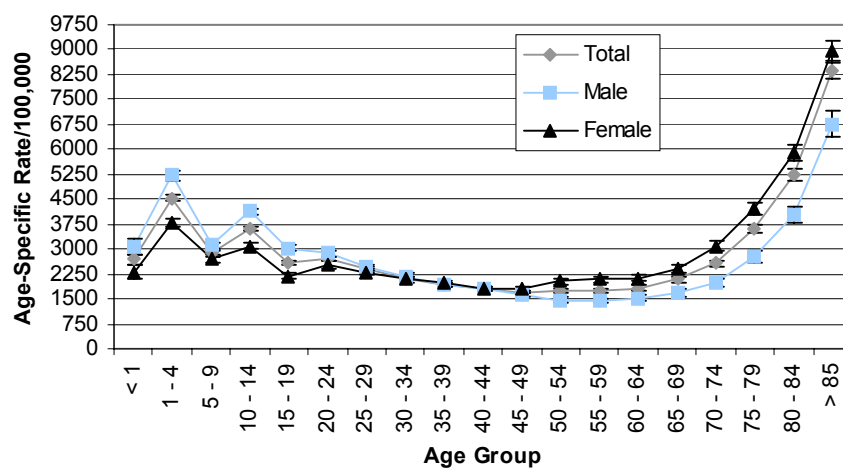


* Unable to calculate rate due to a frequency less than 20.

For fall-related ED visits, the rates are again highest among the elderly (see Figure 21). However, children aged 1 to 4 years also have a high rate of ED visits at approximately 4,538.0/100,000 (4,440.9 – 4,635.1). This is a higher rate than the younger elderly population (ages 65 to 79). Males within the age group of 1 to 4 years have a higher rate of ED visits than females. However, females in the elderly population (2,436/100,000 (2,315 – 2,559) to 8,949/100,000 (8,654 – 9,244)) have much higher rates than males (1,690/100,000 (1,586 – 1,795) to 6,767/100,000 (6,353 – 7,181)).

Young children under age five are particularly prone to falls because they tend to be less coordinated and their heads are large in proportion to their bodies, making them top heavy. Much of the prevention activity regarding falls in young children takes the form of counseling parents and care providers on adequate supervision and environmental changes such as blocking stairs.

Figure 21. Unintentional Fall Injury-Related ED Visit Rates by Age Group and Gender, 1999-2001



Many of the fall deaths, inpatient hospitalizations, and ED visits are unspecified as to the mechanism of the fall (Table 4, Figure 22 and Figure 23). However, in all three fall severities, both “Fall on Same Level (Tripping)” and “Fall from Stair/Step” are among the most common mechanisms of a fall.

Table 4. Unintentional Fall Injury-Related Deaths by Fall Mechanism, 1999-2001

Fall Mechanism	Total	Male	Female
Unspecified	62	34	28
Other fall on same level	40	24	16
Stairs or steps	31	17	14
Fall involving furniture	17	6	11
From one level to another	14	12	2
Same level-slipping, tripping, or stumbling	8	2	6
From or out of building/structure	8	7	1
Ladders or scaffolding	3	3	0
Same level-involving ice and snow	3	3	0
Total	186	108	78

Figure 22. Unintentional Fall Injury-Related Inpatient Hospitalization Rates by Fall Mechanism, 1997-2001

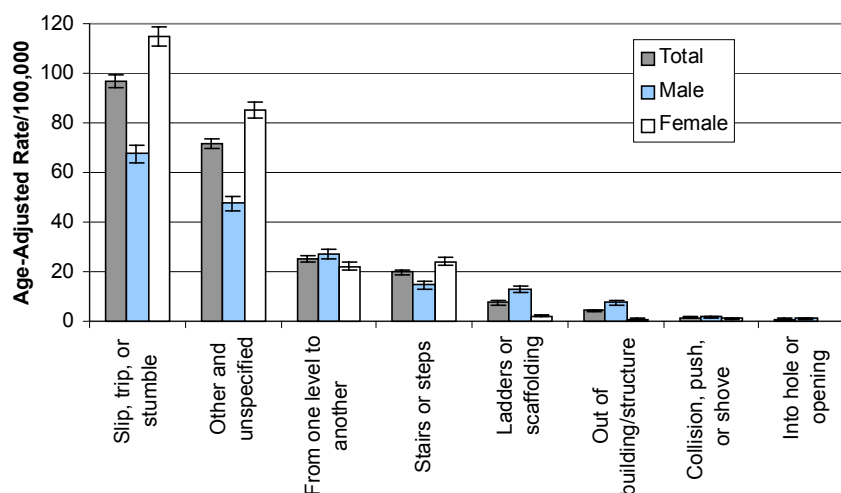
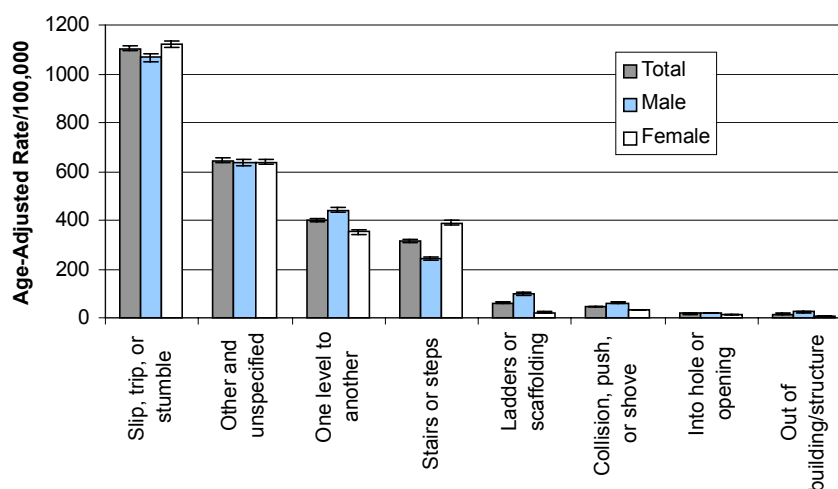


Figure 23. Unintentional Fall Injury-Related ED Visit Rates by Fall Mechanism, 1999-2001



According to Table 5, the highest number of inpatient-hospitalized patients were discharged to “Skilled nursing facility/structured/assisted living.” This is due to the high proportion of elderly patients who are hospitalized for fall-related injuries. Falls are a major threat to the independence and quality of life of the elderly. Falls are also associated with an increased risk of placement in a nursing home.^{14, 15, 16}

Table 5. Unintentional Fall Injury-Related Inpatient Hospitalizations by Disposition, 1997-2001

Disposition	< 65	≥ 65
Skilled nursing facility/structured/assisted living	309	5,020
Home, self care	2,871	941
Transfer to specialized facility	256	1,273
Home health service	535	891
Intermediate care facility	23	576
Other short term hospital	74	148
Transfer to psychiatric facility/psych in acute facility	38	142
Against medical advice	21	2
Total	4,127	8,993

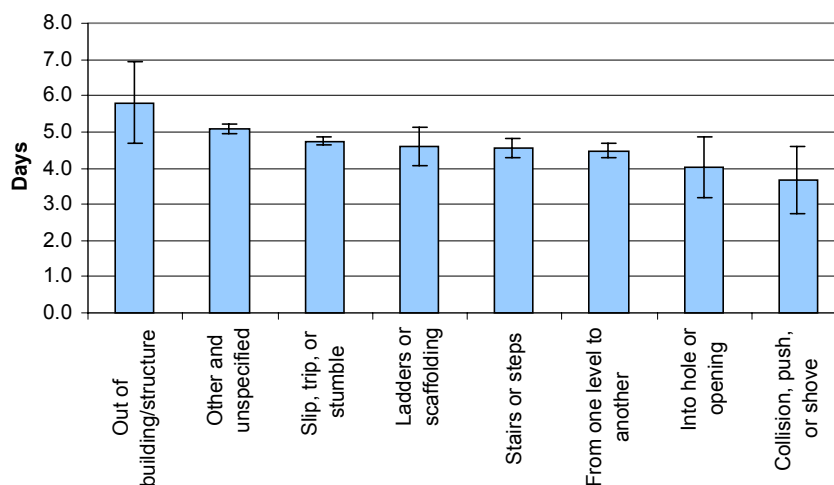
In the ED, most patients are discharged to home (Table 6). Many of these patients were of a young age and studies have shown that children and young people withstand injury better than the elderly.¹¹

Table 6. Unintentional Fall Injury-Related ED Visits by Disposition, 1999-2001

Disposition	< 65	≥ 65
Home, self care	77,661	15,218
Other short term hospital	355	255
Against medical advice	93	7
Patient left before treatment	59	7
Skilled nursing facility/structured/assisted living	57	562
Intermediate care facility	22	422
Home health service	16	75
Transfer to psychiatric facility/psych in acute facility	15	5
Transfer to specialized facility	10	12
Redirected to appropriate provider	7	6
Total	78,295	16,569

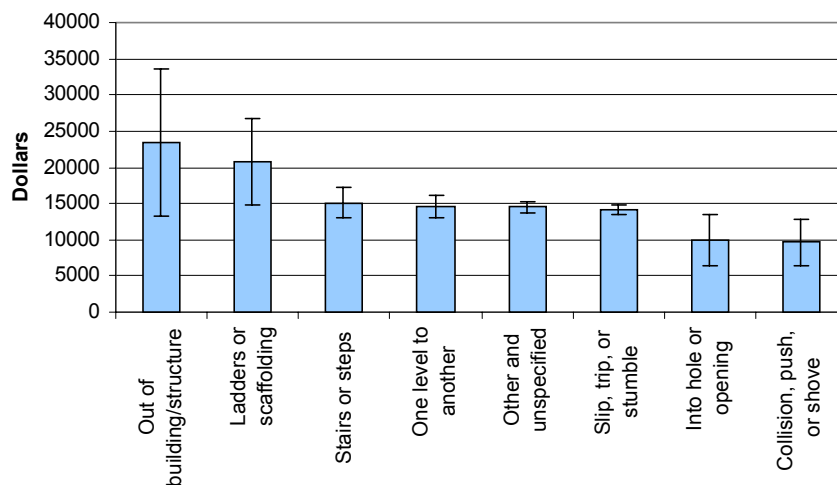
The average length of stay for an unintentional fall-related inpatient hospitalization does not vary significantly among the mechanisms of the fall (see Figure 24). Most confidence intervals for each of the mechanisms overlap with one another suggesting no statistical difference among mechanisms.

Figure 24. Average Length of Stay for Unintentional Fall Injury-Related Inpatient Hospitalizations by Fall Mechanism, 1997-2001



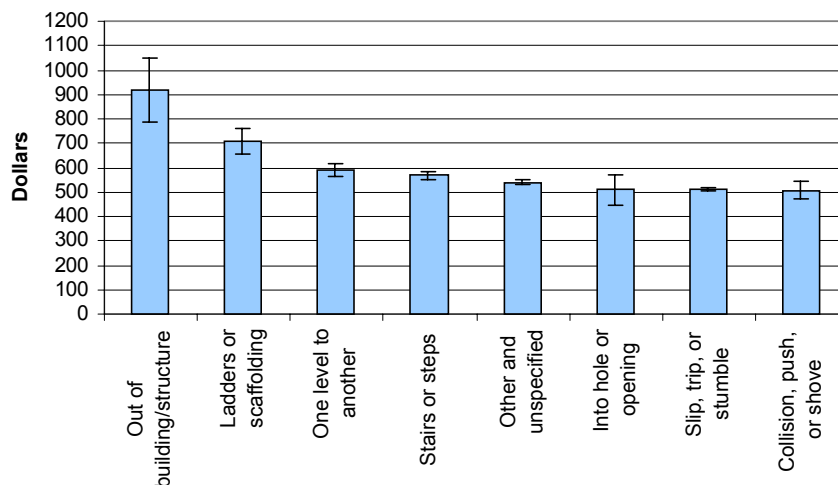
The average charge for an unintentional fall-related inpatient hospitalization does not vary significantly among the mechanisms of the fall (Figure 25). Most confidence intervals for each of the mechanisms overlap with one another suggesting no statistical difference among mechanisms.

Figure 25. Average Charges for Unintentional Fall Injury-Related Inpatient Hospitalizations by Fall Mechanism, 2001



The average charge for a fall-related ED visit for a fall “From or out of a Building/Structure” is statistically higher than that of any other mechanism with a charge of \$920 (789 – 1051) (Figure 26). A fall “From Ladder/Scaffolding” is also statistically higher than the rest of the mechanisms at the amount of \$707 (653-761) per ED visit.

Figure 26. Average Charges for Unintentional Fall Injury-Related ED Visits by Fall Mechanism, 2001



Falls are a high cost health care problem. Because a majority (69%) of the inpatient hospitalizations from falls are of the elderly, a majority of the expenses are paid for by Medicare (Figure 27). In the ED, since the population is younger, the expenses are covered mainly (50%) by "Private/Other" (commercial insurance) (Figure 28).

Figure 27. Unintentional Fall Injury-Related Inpatient Hospitalizations by Payer-Type, 1997-2001

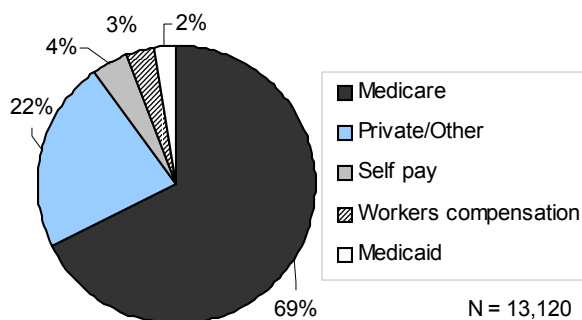
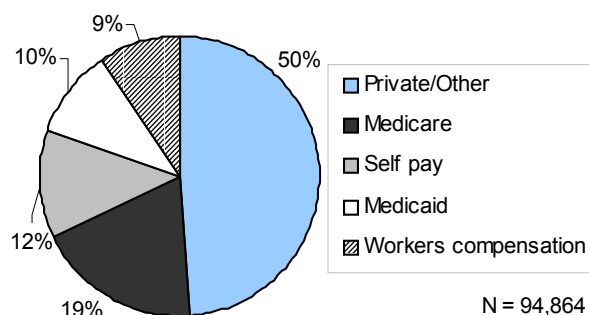


Figure 28. Unintentional Fall Injury-Related ED Visits by Payer-Type, 1999-2001



There are proven, effective strategies for decreasing the risk of falling. According to many studies, the key components of a senior falls prevention intervention include¹⁷:

- Exercise, with balance and strength training
- Gait training and training with assistive devices (e.g., canes, walkers)
- Improvements to home safety through measures such as lighting, grab bars, handrails and safe footwear
- Review and management of medications that affect balance
- Treatment of chronic health problems associated with falling
- Education for seniors on factors that contribute to falls, and effective prevention strategies

A falls risk assessment is needed to determine which components of the program are appropriate for an individual. It is recommended that all elderly people should be asked whether they have a history of falls and, if they do, the circumstances should be discussed. An examination ought to take place for potential risk factors.¹⁸ In addition, there is little evidence of a substantial influence of socioeconomic position on the occurrence of falls.¹⁹ Effective fall screening and risk reduction programs are combinations of community resources. These programs can be done in any community.

Unintentional Motor Vehicle Traffic Injuries

Motor vehicle crashes continue to account for the greatest number of injury-related deaths in both New Hampshire and the United States. In the United States during 1999, more than 42,000 people were killed and more than 3 million were injured as a result of a motor vehicle crash. Of the 42,000 deaths, 2,100 were children under the age of 16 and more than 7,000 were older adults over 65 years old. Of the 3 million injured, 320,000 were children under the age of 16 and 246,000 were adults

greater than age 65 years. For children ages, 1-14, motor vehicle crashes are the leading cause of death in the US.²

Nationally, nearly half of the children under age four who were killed were riding unrestrained. Only 6% of all children ages 4-8 ride in a booster seat (the recommended safety seat for this age group).

Over half (57.2; 95% CI: 55.6, 58.8) of New Hampshire adults reported that when they are driving, adult passengers in their car wear seatbelts all the time, according to the *Behavioral Risk Factor Surveillance System (BRFSS)* in New Hampshire, which is a random, anonymous, telephone based survey of adults age 18 and over. In the same survey, 93.7; 95% CI: 92.8, 94.6) of New Hampshire adults reported that when they are driving, child passengers (under age 18) always use seatbelts or child safety seats.²⁰

The risk of a motor vehicle crash is higher among teen drivers than any other age group. Per mile driven, a 16 year old is seven times more likely to crash than a driver 25-29 years old. However, only 35% of all high school students report that they always wear a seat belt.²

In 1999, the cost of crashes reported to the police involving drivers 15-20 years old, was \$32 billion nationally.²

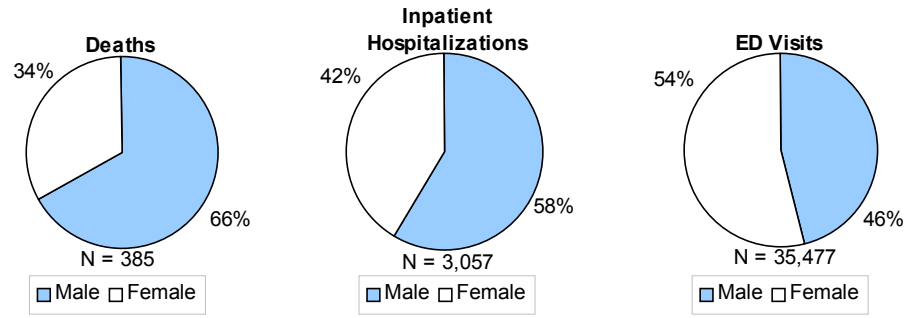
Nationally, an alcohol-related motor vehicle crash kills someone every 33 minutes and injures someone every two minutes. In 1999, 15,786 people died – 38% of the year's total traffic deaths, and more than 300,000 people were injured in alcohol-related motor vehicle crashes.²¹ “In 2000, more than 16,000 people were killed in alcohol-related traffic crashes – the first increase in five years.”²² The National Safety Council estimated that alcohol-related motor vehicle crashes cost the nation \$26.9 billion in 1998.²

“A law was signed by President Clinton on October 23, 2000, that requires states to enact legislation lowering the allowable Blood Alcohol Concentration (BAC) to 0.08%. States that do not enact this legislation will lose 2% to 8% of federal highway construction funds beginning in 2004. This action occurred after epidemiologists from the CDC's Injury Center reviewed studies that evaluated laws lowering the allowable BAC for motor vehicle drivers from 0.10% to 0.08%. Researchers found that these laws decrease fatalities associated with alcohol-impaired driving by about 7%.”² New Hampshire, however, was not affected by this federal law because the BAC level was lowered to 0.08% by the legislature in 1993 in order to increase public safety.

For the years 1999 - 2001, in New Hampshire, motor vehicle traffic crashes were the leading cause of death due to injuries. Twice as many males as females died (Figure 29). Motor vehicle traffic crashes were also the second leading cause of injury-related inpatient hospitalizations and the fifth leading cause of injury-related emergency department visits.

When examining gender differences, more males died or were hospitalized as a result of a motor vehicle traffic crash, but females had slightly more ED visits than males (Figure 29).

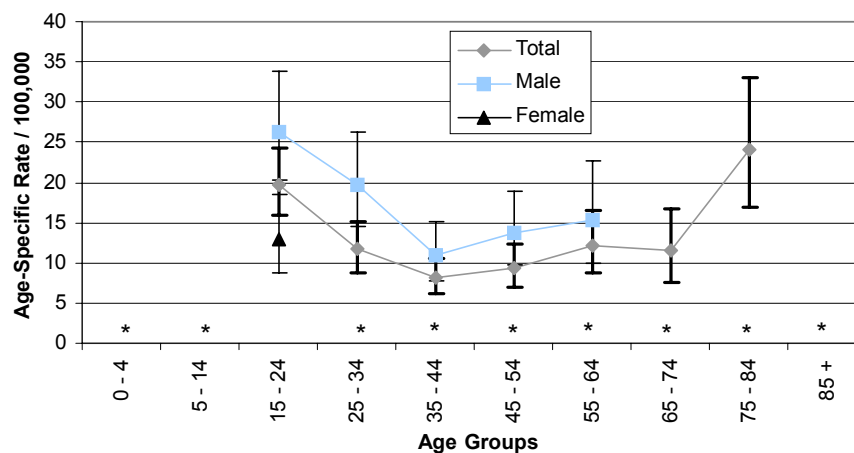
Figure 29. Unintentional Motor Vehicle Traffic Injury-Related Deaths (1999-2001), Inpatient Hospitalizations (1997-2001), and ED Visits (1999-2001) by Gender, NH Residents



When analyzing motor vehicle traffic deaths, the numbers in NH are too low to calculate rates by gender and by most age groups. For those age groups in which a rate can be calculated, the confidence intervals are so large that a statistically significant difference can't be seen (see Figure 30). Rates can be calculated for both inpatient hospitalizations and emergency department visits (see Figure 31 and Figure 32). The highest rates for hospitalizations are between the ages of 15-24 years. The rates also increase for the elderly population, however, the confidence intervals of these rates overlap with many of the younger populations. Therefore, it is difficult to determine whether or not there is a truly significant rise in rates for the elderly population in NH. For ED visit rates, the highest are between the ages 15-24 years. These confidence intervals do not overlap with any other age groups and, therefore, are significantly higher than any other age groups.

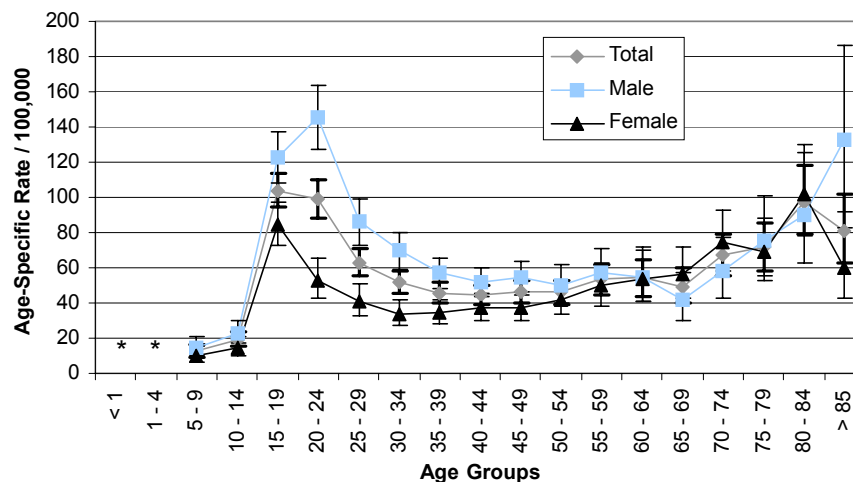
Of note is that inpatient hospitalizations are so low among individuals up to age five that rates cannot be calculated. A similar pattern is seen in deaths, suggesting a possible increased prevalence in the use of passenger restraints among these youngest children compared to all other age groups.

Figure 30. Unintentional Motor Vehicle Traffic Injury-Related Death Rates by Age Group and Gender, 1999-2001



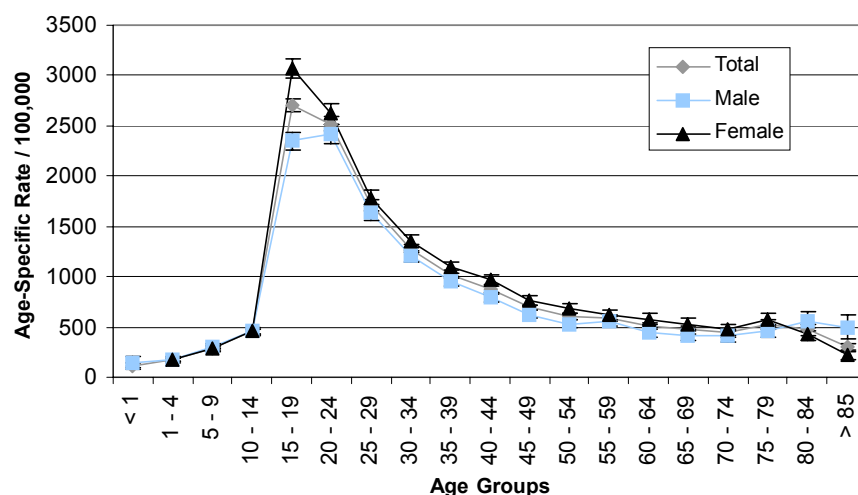
* Unable to calculate rate due to a frequency less than 20.

Figure 31. Unintentional Motor Vehicle Traffic Injury-Related Inpatient Hospitalization Rates by Age Group and Gender, 1997-2001



* Unable to calculate rate due to a frequency less than 20.

Figure 32. Unintentional Motor Vehicle Traffic Injury-Related ED Visit Rates by Age Group and Gender, 1999-2001

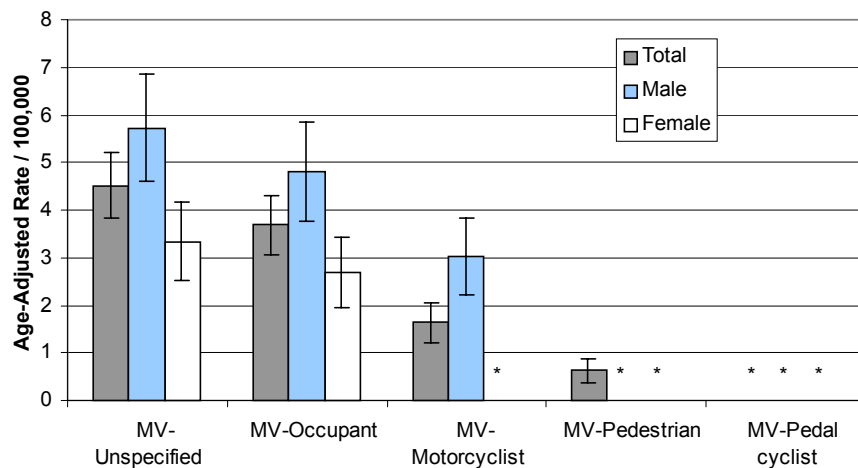


Motor vehicle crashes are categorized by what is referred to as “traffic type”. This reports whether the injured individual was an occupant in the vehicle, pedestrian, pedal cyclist, or motorcyclist. Off Highway Recreational Vehicles (OHRV) such as all-terrain vehicles, snowmachines, and trailbikes are not coded separately, but are grouped into an “other” category of motor vehicle transport, not traffic related. Thus the ability to analyze crashes involving these types of vehicles with this data is limited. However, the New Hampshire Department of Safety maintains the Fatal Accident Reporting System (FARS) that provides very detailed information on the circumstances surrounding a crash that results in a fatality. The Bureau of Emergency Medical Services (EMS) of the Department of Safety maintains the Crash Outcome Data Evaluation System (CODES). This system is a project in which various types of crash data are linked together to provide a bigger picture of the crash outcomes. Databases currently being analyzed for this project are EMS data, hospitalization data, vital record death data, and FARS data.

The “traffic type” associated with a majority of the deaths, inpatient hospitalizations, and ED Visits is “Motor vehicle – Occupant” (Figure 33, Figure 34, and Figure 35). The injured person is considered to be an occupant when he/she is either a driver or passenger in a motor vehicle other than a motorcycle.²³

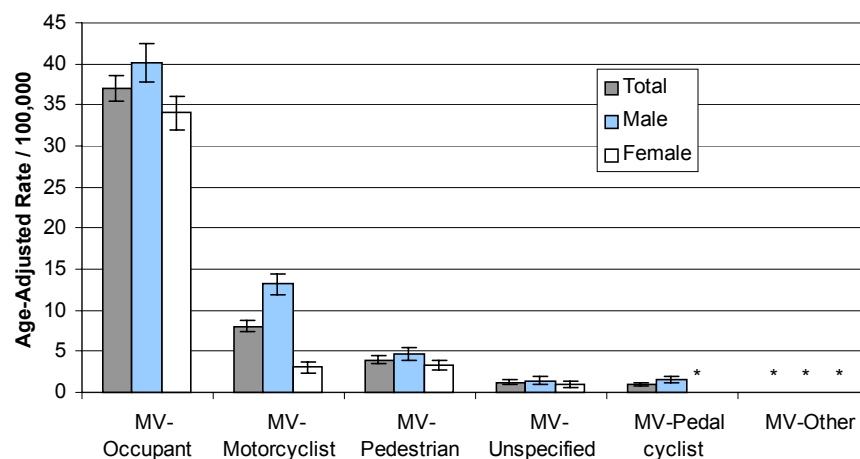
Figure 33 shows that a large amount of the deaths are “MV-unspecified”. Upon closer examination, most of these crashes were occupant deaths. The coding for deaths in 1999 - 2001 uses the new ICD-10 manual. The coding for motor vehicle traffic deaths is much more specific than the previous coding manual. If great detail is not given on the death certificate, many deaths will fall into the unspecified category.

Figure 33. Unintentional Motor Vehicle Traffic Injury-Related Death Rates by Traffic Type and Gender, 1999-2001



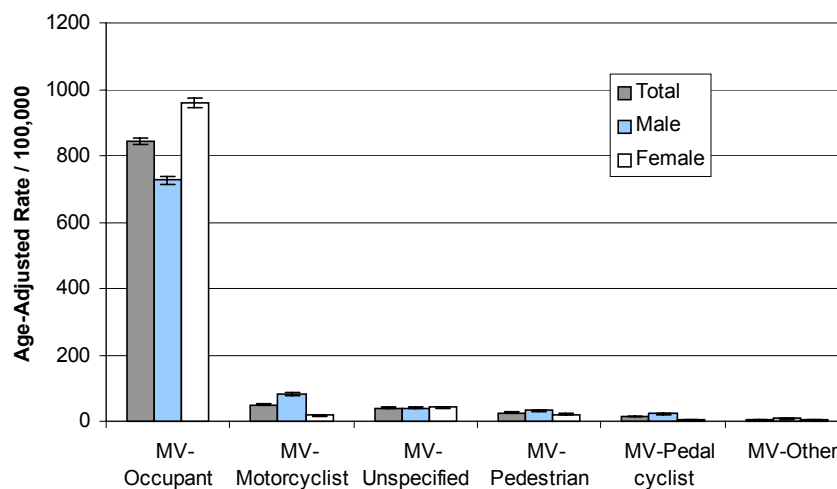
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Figure 34. Unintentional Motor Vehicle Traffic Injury-Related Inpatient Hospitalization Rates by Traffic Type and Gender, 1997-2001



* Unable to calculate rate due to a frequency less than 20.

Figure 35. Unintentional Motor Vehicle Traffic Injury-Related ED Visit Rates by Traffic Type and Gender, 1999-2001



Because many of the inpatient hospitalizations and ED visits are from the younger, healthier population, most of the patients are discharged to “Home, self care” because they don’t require significant aftercare (Table 7 and Table 8).

Table 7. Unintentional Motor Vehicle Traffic Injury-Related Inpatient Hospitalizations by Disposition, 1997-2001

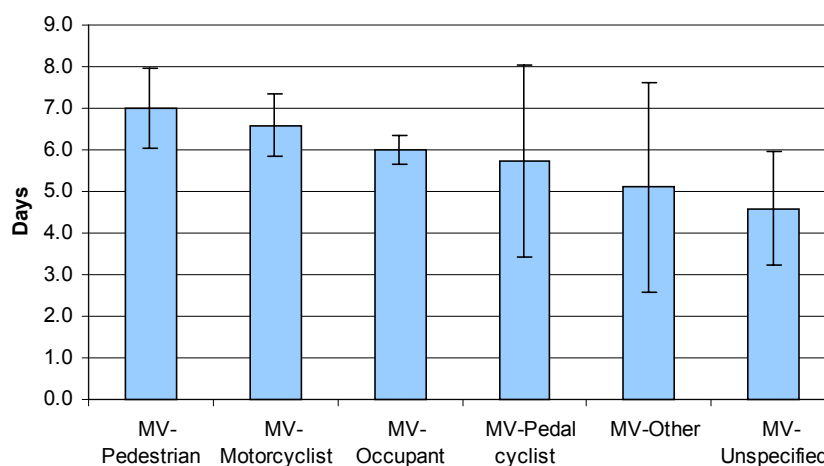
Disposition	< 65	≥ 65
Home, self care	1,683	150
Home health service	353	65
Transfer to specialized facility	298	79
Skilled nursing facility/structured/assisted living	91	158
Other short term hospital	80	25
Transfer to psychiatric facility/psych in acute facility	29	11
Intermediate care facility	11	9
Against medical advice	13	2
Total	2,558	499

Table 8. Unintentional Motor Vehicle Traffic Injury-Related ED Visits by Disposition, 1999-2001

Disposition	< 65	≥ 65
Home, self care	33,033	1,967
Other short term hospital	293	41
Against medical advice	74	4
Skilled nursing facility/structured/assisted living	20	2
Patient left before treatment	14	3
Transfer to psychiatric facility/psych in acute facility	7	0
Intermediate care facility	5	3
Transfer to specialized facility	5	0
Redirected to appropriate provider	2	1
Home health service	1	2
Total	33,454	2,023

The average length of stay in the hospital does not significantly differ for the different types of traffic crashes (Figure 36). The average length of stay is approximately 5 to 7 days per admission.

Figure 36. Average Length of Stay for Unintentional Motor Vehicle Traffic Injury-Related Inpatient Hospitalizations by Traffic Type, 1997-2001



The average charge for a motor vehicle traffic injury-related hospitalization is approximately \$12,000 - \$25,000 (Figure 37). The average charge for an ED visit ranges from \$500 to \$1,100 (Figure 38). For both inpatient hospitalizations and ED visits, the confidence intervals of the charges for each traffic type overlap with one another. Therefore, the charges do not differ significantly between traffic types.

Figure 37. Average Charges for Unintentional Motor Vehicle Traffic Injury-Related Inpatient Hospitalizations by Traffic Type, 2001

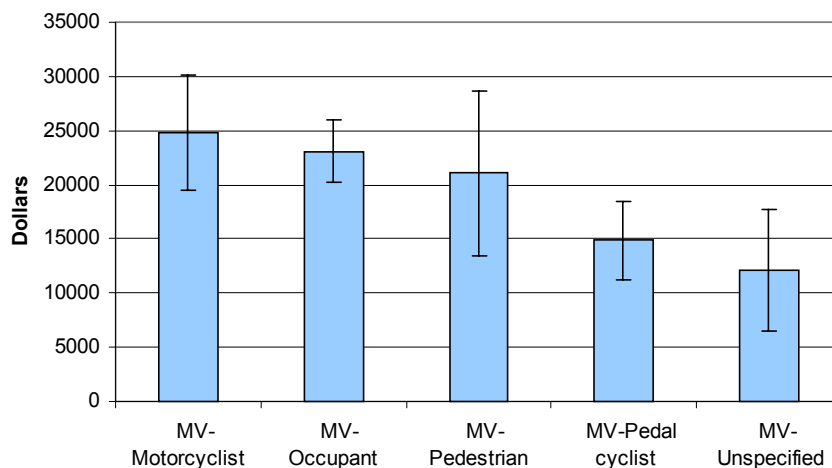
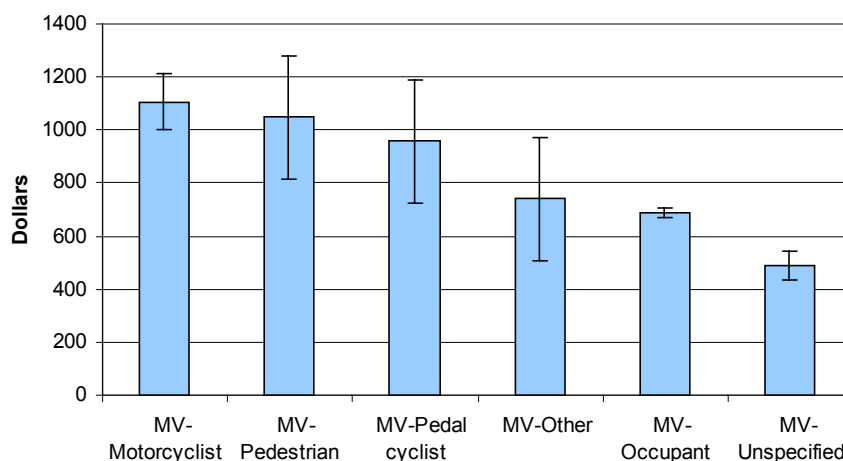


Figure 38. Average Charges for Unintentional Motor Vehicle Traffic Injury-Related ED Visits by Traffic Type, 2001



The payer type for expenses due to motor vehicle traffic injuries is most frequently “Private/Other” (commercial insurance), followed by “self pay” (Figure 39 and Figure 40). A major reason for this trend is that lenders of automobile loans usually require insurance. Thus, the medical expenses of individuals involved in a crash will eventually be paid by the car insurance of the person who is determined to be at fault for the incident. In cases where the “at fault” party is uninsured, the insurer for the individual who is not at fault will pay the costs for their client.

Figure 39. Unintentional Motor Vehicle Traffic Injury-Related Inpatient Hospitalizations by Payer-Type, 1997-2001

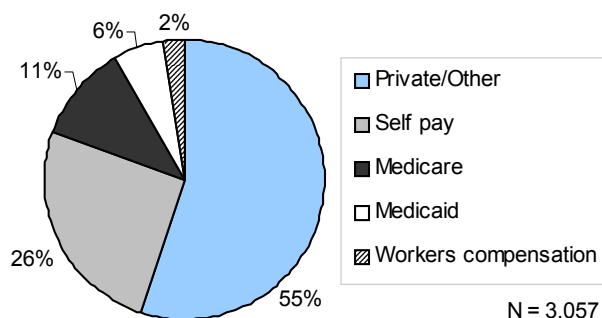
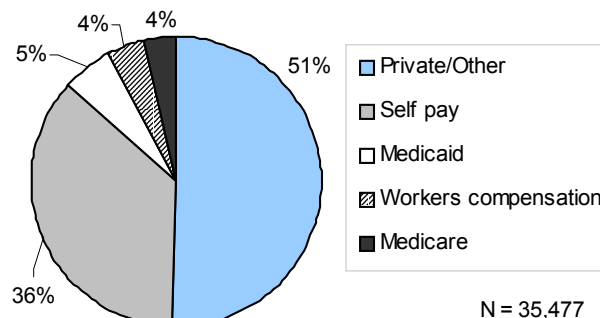


Figure 40. Unintentional Motor Vehicle Traffic Injury-Related ED Visits by Payer-Type, 1999-2001



It is well-known that motor vehicle travel is the primary means of transportation in the United States.²⁴ Although motor vehicle traffic crashes will ultimately occur, the resulting deaths and injuries can be reduced. There are a variety of safety measures that can be implemented to reduce injuries. For example, child safety seats for children under the age of five are extremely effective. If used correctly, safety seats can reduce deaths by 70% for infants and 47% to 54% for toddlers aged 1-4.²⁵ Hospitalizations could thus be reduced by 69%.²⁶

If all child passengers aged under five were appropriately restrained, an additional 162 lives could be saved and 20,000 injuries could be prevented each year in the United States.²⁷ Children ages 4-8 should use the recommended child safety seats (booster seats). Booster seats raise the sitting height to fit standard seat belts.² Research has shown that use of booster seats reduces a child's risk of being killed in a crash by 54%. The risk is reduced by 48% by using adult belts alone when the child is sitting in the back seat. Beginning January 1, 2004, New Hampshire state law will require that all children up to age 18 be restrained in some way and that they be in approved child safety seats if they are less than 6 years old and less than 55 inches (RSA 265:107-a).

It is interesting to note that the LATCH (Lower Anchors and Tethers for Children) system has been in use by the automobile and child safety seat industry since September 1999. This is a new system for child safety seat installation that doesn't use seatbelts. LATCH is required on child safety seats and most vehicles manufactured after September 1, 2002 but the lower anchor system has already shown up on many 2001 cars and trucks. LATCH works via a set of small bars or anchors in the vehicle that fastens to LATCH-equipped child safety seat attachments. Most forward facing seats also have a top tether that attaches to an anchor in the vehicle. As of September 1, 1999, all new forward facing child seats met stricter head protection guidelines and as of September 1, 2000, all new cars, minivans, and trucks were required to have tether anchors.²⁸

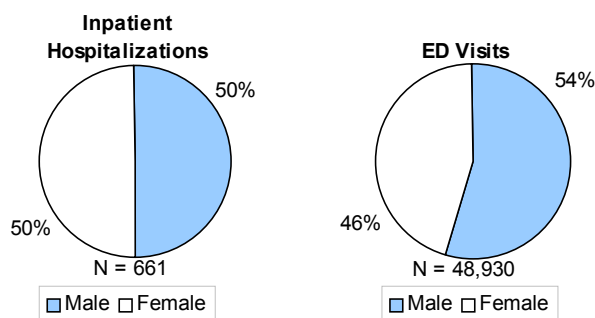
While much progress has been made in increasing the percentage of infants and children appropriately restrained, it is crucial to acknowledge that adults also benefit from the use of safety belts. However, the literature shows that some populations are less likely to wear safety belts than others. Males are less likely than females to wear safety belts and only 35% of high school students report that they always use safety belts.² However, if all motor vehicle occupants were to consistently wear safety belts, "an estimated 9,553 deaths would have been prevented nationwide in 1999 alone."²⁹ The use of safety belts is the "single most effective means of reducing fatal and nonfatal injuries in motor vehicle crashes."³⁰ Air bags alone are 10% and 14% effective in reducing deaths and injuries, respectively.³¹ However, when airbags and safety belts are used together, the risk of death is reduced by 50% and the risk of injury is reduced by 66%.³⁰ Another promising safety device is the increasing number of cars with side impact air bags, which also improve the survivability of a crash. Due to their recent introduction the exact benefits of side air bags have yet to be determined.

Unintentional Overexertion Injuries

Overexertion injuries are more commonly thought of as injuries due to excessive physical exercise, overexertion from pulling, pushing, or lifting, and strenuous movements in recreational activities.²⁶ In NH, overexertion is a major mechanism/cause of injury resulting in hospitalizations and emergency department visits. Overexertion injuries are very prevalent, and occur in the workplace, at home, and during sports. As an example, an estimated 4.3 million nonfatal injuries resulting from sports and recreational activities alone were treated in U.S. hospital emergency departments between July 2000 and June 2001. This represents 16% of all unintentional injury-related ED visits. Youth between the ages of 10-14 have the highest percentage of all injury-related ED visits resulting from sports and recreational activities, accounting for 51.5% of visits among males and 38.0% of all visits among females.³²

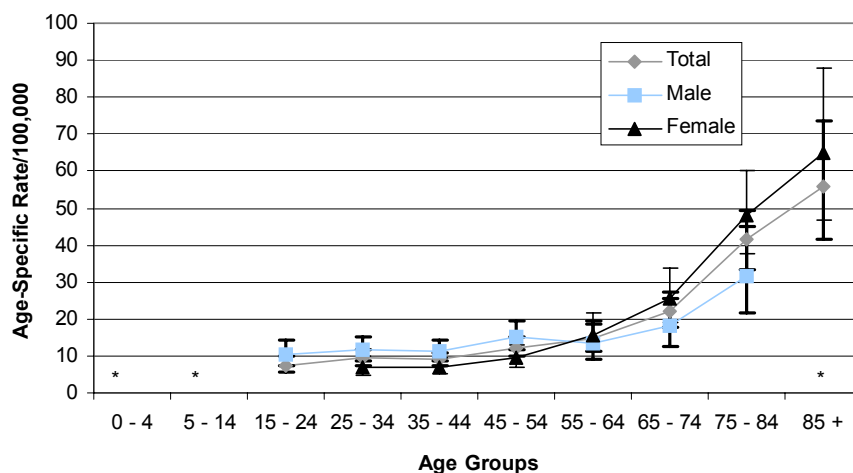
Looking at Figure 41, males and females equally share the burden of overexertion injuries for both inpatient hospitalizations and ED visits. There were no deaths from overexertion injuries in NH from 1999 to 2001.

Figure 41. Unintentional Overexertion Injury-Related Inpatient Hospitalizations (1997-2001) and ED Visits (1999-2001) by Gender



The number of inpatient hospitalizations due to overexertion is too low to calculate rates for some age groups (Figure 42). There is an increase in inpatient hospitalization overexertion rates for the oldest age groups. Many of the confidence intervals of the other age groups overlap, however, and therefore are not statistically different from one another.

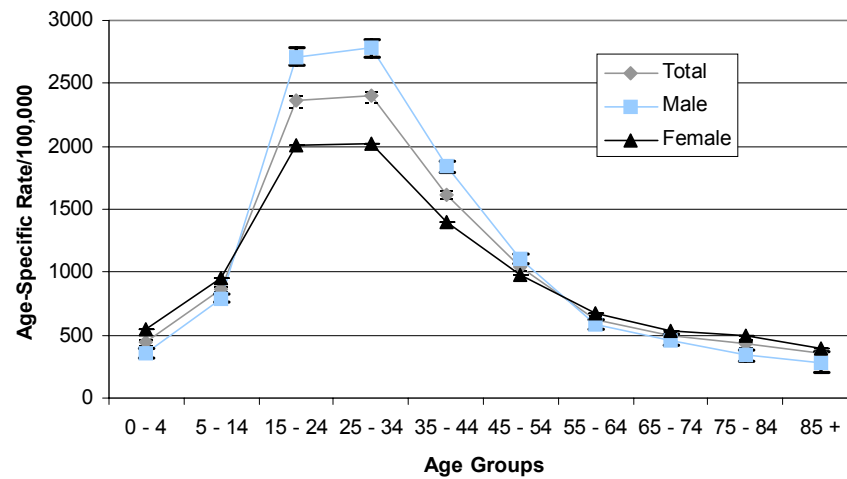
Figure 42. Unintentional Overexertion Injury-Related Inpatient Hospitalization Rates by Age Group and Gender, 1997-2001



* Unable to calculate rate due to a frequency less than 20.

When examining overexertion ED visits by age group, the rates are disproportionately higher for ages 15-44 (Figure 43). The same is true for both males and females within the same age groups. However, the highest male rate is approximately 2,750/100,000 versus the highest female rate of approximately 2,000/100,000 for the same age groups, 15-34.

Figure 43. Unintentional Overexertion Injury-Related ED Visit Rates by Age Group and Gender, 1999-2001



Although overexertion injuries are common and can be severe, the overwhelming disposition from both hospitalizations and ED visits is to home (Table 9 and Table 10). Many of these injuries do not require significant after care.

Table 9. Unintentional Overexertion Injury-Related Inpatient Hospitalizations by Disposition, 1997-2001

Disposition	< 65	≥ 65
Home, self care	359	90
Home health service	35	27
Skilled nursing facility/structured/assisted living	14	85
Transfer to specialized facility	6	24
Other short term hospital	6	3
Intermediate care facility	1	7
Against medical advice	1	1
Transfer to psychiatric facility/psych in acute facility	0	2
Total	422	239

Table 10. Unintentional Overexertion Injury-Related ED Visits by Disposition, 1999-2001

Disposition	< 65	≥ 65
Home, self care	46,814	2,027
Against medical advice	27	1
Other short term hospital	23	5
Patient left before treatment	13	0
Skilled nursing facility/structured/assisted living	6	5
Intermediate care facility	1	4
Redirected to appropriate provider	1	1
Transfer to specialized facility	1	0
Home health service	0	1
Transfer to psychiatric facility/psych in acute facility	0	0
Total	46,886	2,044

Hospitalization expenses are paid mainly by “Private/Other” (commercial insurance) or “Medicare,” who split the burden almost equally (Figure 44). Whereas, ED visit expenses are paid by “Private/Other” (commercial insurance) and “worker’s compensation” (Figure 45).

Figure 44. Unintentional Overexertion Injury-Related Inpatient Hospitalizations by Payer-Type, 1997-2001

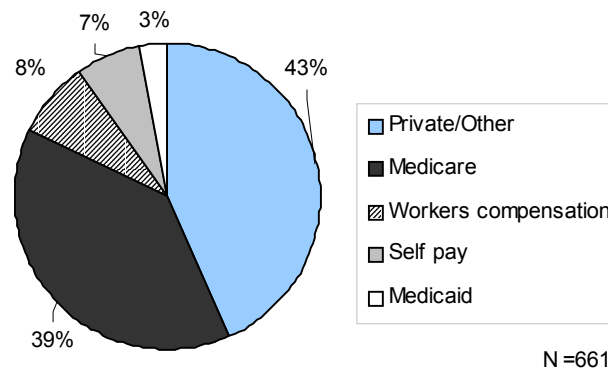
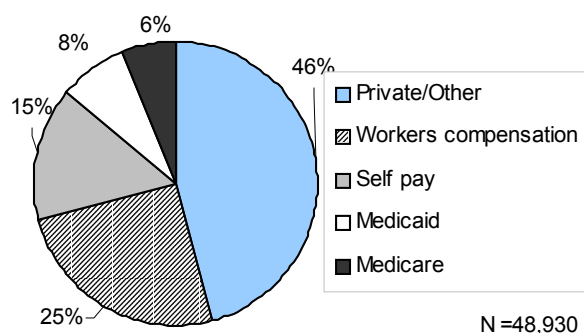


Figure 45. Unintentional Overexertion Injury-Related ED Visits by Payer-Type, 1999-2001



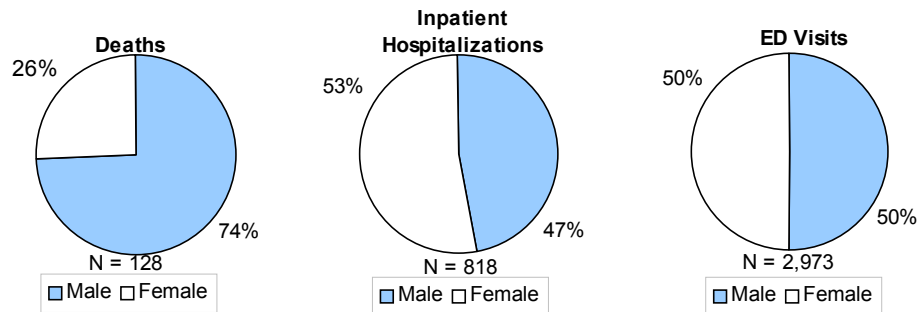
Unintentional Poisoning Injuries

“A poison is any substance that causes adverse reactions in the body if ingested, spilled on the skin, splashed in the eyes, inhaled, or injected. The reaction can be as mild as a bad taste or skin rash, or as serious as coma, convulsions, or death.”³³ In the United States, more than 90% of poison exposures occur in the home. In 1999, poison control centers in the United States reported approximately 2.2 million poison exposures, 873 resulting in death. Of all the reported poison exposures in 1999, 52.5% occurred among children younger than 6 years.² The New Hampshire Poison Information Center (PIC) receives approximately 17,000 calls per year, most of which involve individuals who believe they or their dependent have been exposed to a potential poison. In 2002, specially trained poison specialists managed 76% of exposure cases without the caller accessing other health care services. Approximately one-half of these poison exposures are among children age five or younger. Drugs, both prescription and over-the-counter, were involved in 46% of all exposure calls. Cosmetics and other personal care products were the second most frequent source of exposure, and household cleaning products ranked third. In NH, slightly less than 90% of all reported exposures occurred in the home.

Because the majority of poison exposures occur among young children, awareness and action are two major prevention strategies. Keeping all poisons out of reach and out of sight is the most effective strategy to reduce the incidence of childhood poisonings. Storing all medicines and poisons in their original containers with child resistant closures is extremely effective. Caregivers should always read labels, follow directions, and give medicine to a child based on the child’s weight and age.

Unintentional poisoning-related deaths were mainly seen among males (Figure 46). However, inpatient hospitalizations and ED visits were observed equally among males and females.

Figure 46. Unintentional Poisoning Injury-Related Deaths (1999-2001), Inpatient Hospitalizations (1997-2001), and ED Visits (1999-2001) by Gender



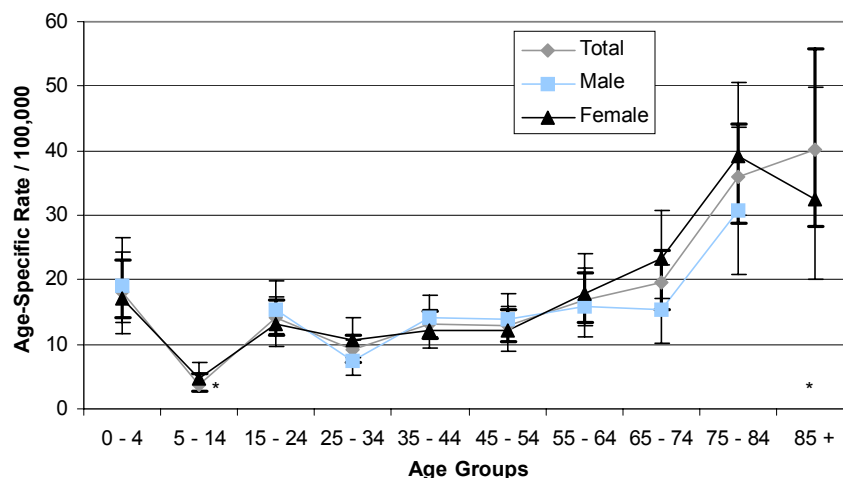
For unintentional poisoning deaths, the numbers are too low to calculate rates by age group. When looking at numbers, middle-aged adults have the highest number of poisoning deaths (Table 11).

Table 11. Unintentional Poisoning Injury-Related Deaths by Age Group and Gender, 1999-2001

Age Group	Total	Male	Female
0 - 4	1	0	1
5 - 14	0	0	0
15 - 24	19	16	3
25 - 34	20	17	3
35 - 44	55	40	15
45 - 54	23	17	6
55 - 64	3	1	2
65 - 74	2	2	0
75 - 84	4	1	3
85 +	1	1	0
Total	128	95	33

For inpatient hospitalizations, the confidence intervals overlap for most of the different age groups. Therefore, a statistical difference between age groups cannot be seen (Figure 47).

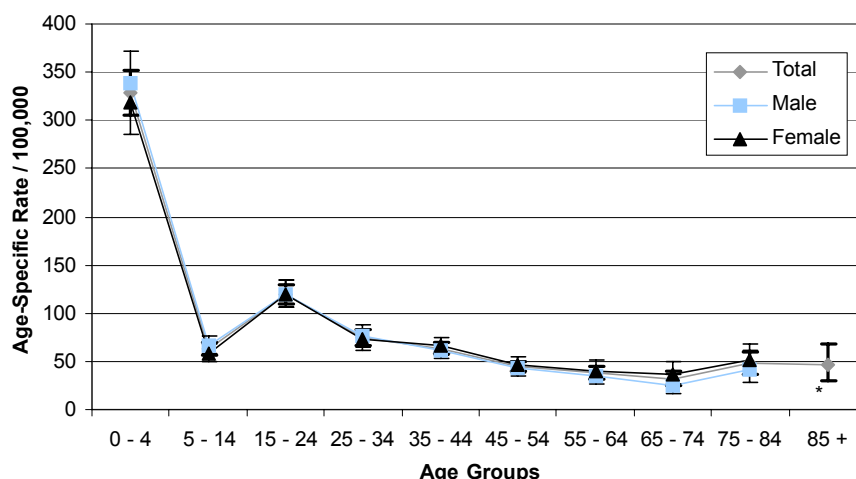
Figure 47. Unintentional Poisoning Injury-Related Inpatient Hospitalization Rates by Age Group and Gender, 1997-2001



* Unable to calculate rate due to a frequency less than 20.

In looking at poisoning-related ED visit rates, the highest are within the age group of 0 to 4 years at 329/100,000 (305-353). The rates among males and females for this age group are similar (Figure 48).

Figure 48. Unintentional Poisoning Injury-Related ED Visit Rates by Age Group and Gender, 1999-2001



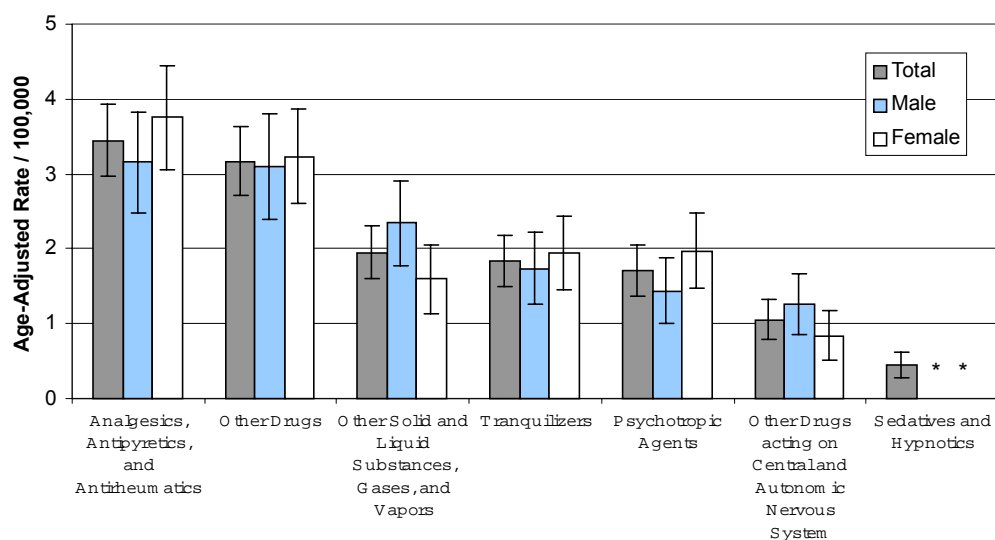
* Unable to calculate rate due to a frequency less than 20.

The most common poison-types differ for deaths, hospitalizations, and ED visits. “Narcotics and psychodysleptics [hallucinogens], not elsewhere classified” and “Other and unspecified drugs, medicaments (medications and remedies), and biological substances” are the most common cause of poisoning deaths (Table 12). Inpatient hospitalizations are most often due to “Analgesics, antipyretics, and antirheumatics” (see Figure 49). By far, the most common poison type resulting in an ED visit is “Other solid and liquid substances, gases and vapors” (see Figure 50).

Table 12. Unintentional Poisoning Injury-Related Deaths by Poison Type and Gender, 1999-2001

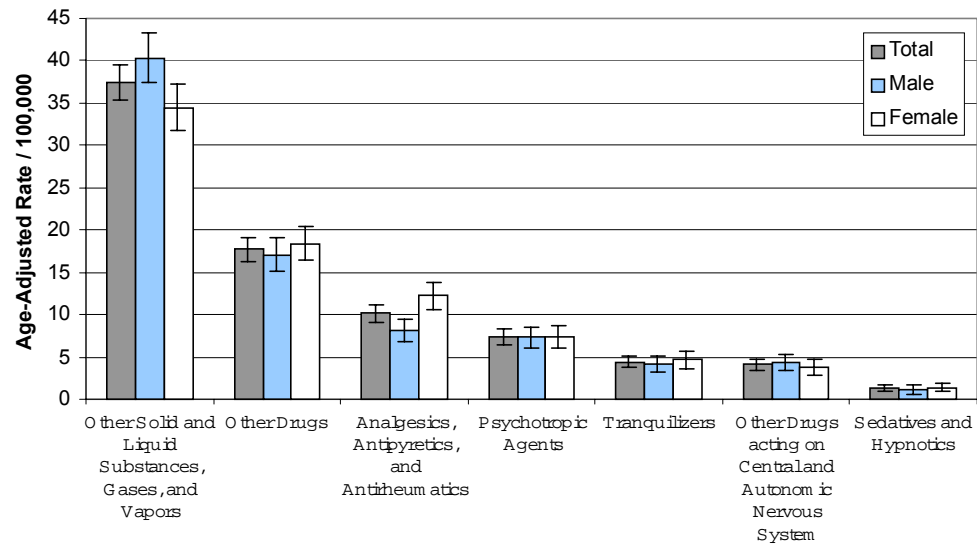
Poison Type	Total	Male	Female
Narcotics and psychodysleptics [hallucinogens], not elsewhere classified (nec)	62	49	13
Other and unspecified drugs, medicaments, and biological substances	55	40	15
Antiepileptic, sedative-hypnotic, antiparkinsonism, and psychotropic drugs, nec	4	1	3
Other and unspecified chemicals and noxious substances	2	1	1
Other gases and vapors	2	2	0
Nonopioid analgesics, antipyretics, and antirheumatics	1	0	1
Organic solvents and halogenated hydrocarbons and their vapors	1	1	0
Other drugs acting on the autonomic nervous system	1	1	0
Total	128	95	33

Figure 49. Unintentional Poisoning Injury-Related Inpatient Hospitalization Rates by Poison Type and Gender, 1997-2001



* Unable to calculate rate due to a frequency less than 20.

Figure 50. Unintentional Poisoning Injury-Related ED Visit Rates by Poison Type and Gender, 1999-2001



Because most poisonings are addressed by short-term treatment, the vast majority of those who are hospitalized or treated in the ED are discharged to “Home, self care” (Table 13 and Table 14).

Table 13. Unintentional Poisoning Injury-Related Inpatient Hospitalizations by Disposition, 1997-2001

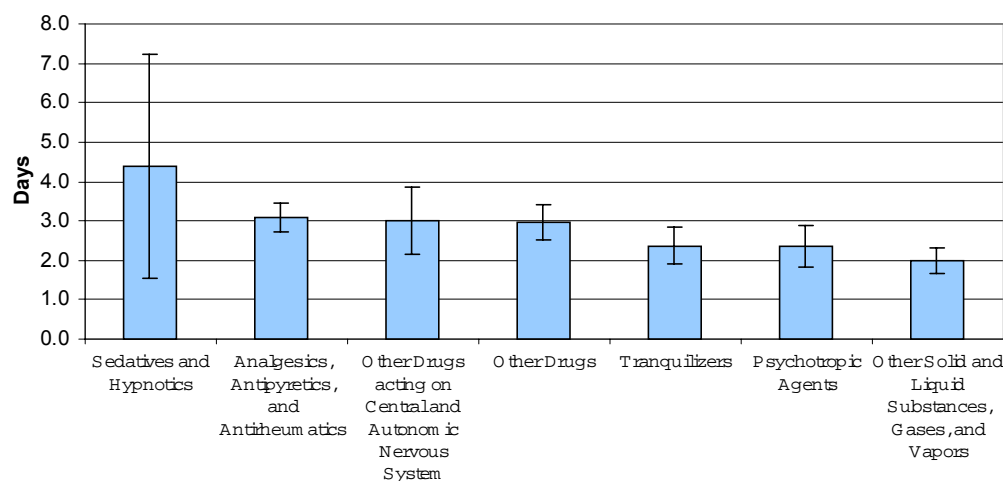
Disposition	< 65	≥ 65
Home, self care	470	78
Transfer to psychiatric facility/psych in acute facility	37	4
Against medical advice	32	2
Home health service	30	61
Skilled nursing facility/structured/assisted living	20	41
Other short term hospital	18	3
Transfer to specialized facility	7	4
Intermediate care facility	3	8
Total	617	201

Table 14. Unintentional Poisoning Injury-Related ED Visits by Disposition, 1999-2001

Disposition	< 65	≥ 65
Home, self care	2,697	169
Other short term hospital	41	2
Against medical advice	25	0
Transfer to psychiatric facility/psych in acute facility	22	0
Skilled nursing facility/structured/assisted living	11	0
Patient left before treatment	3	0
Home health service	1	1
Intermediate care facility	1	0
Transfer to specialized facility	0	0
Total	2,801	172

The average length of stay for poisoning injury-related hospitalizations is between 2 and 4.4 days. A significant difference cannot be found when looking at length of stay between poison types (Figure 51).

Figure 51. Average Length of Stay for Unintentional Poisoning Injury-Related Inpatient Hospitalizations by Poison Type, 1997-2001



The average charges by poison type for unintentional poisoning-related hospitalizations range from \$5,563 to \$8,333 (Figure 52). Average charges by poison type for a poisoning-related ED visit range from \$375 to \$891 (Figure 53). There are no significant differences among poison types for average charges in inpatient hospitalizations. For ED visits, poisonings from “Other Solid and Liquid Substances, Gases, and Vapors” have a significantly lower charge per ED visit than all other poison types.

Figure 52. Average Charges for Unintentional Poisoning Injury-Related Inpatient Hospitalizations by Poison Type, 2001

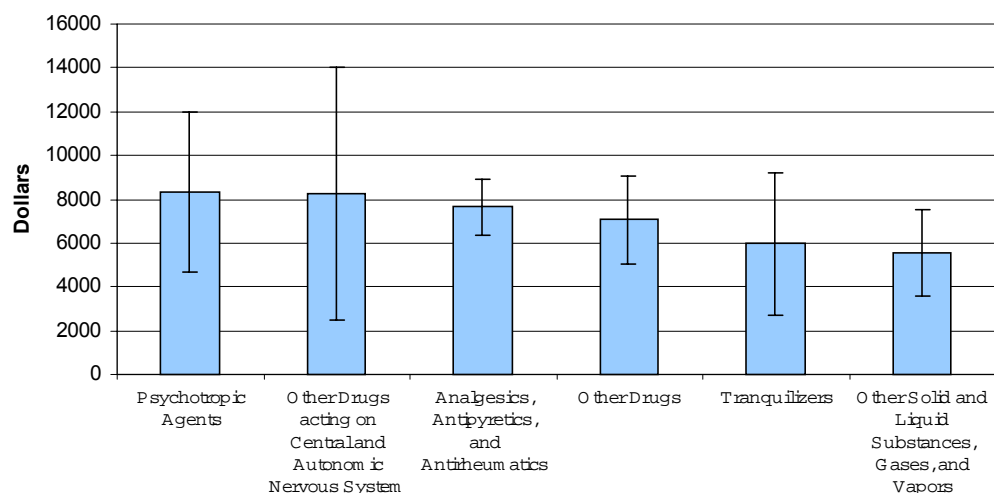
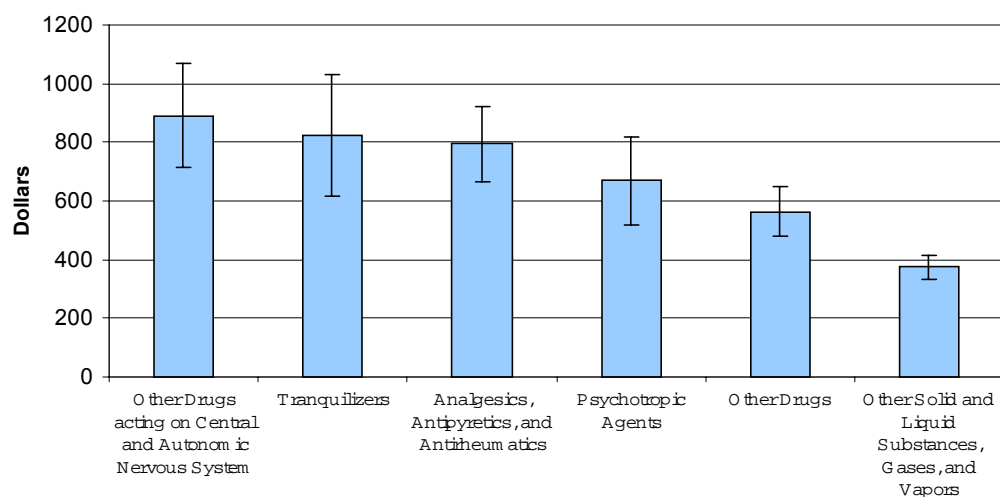


Figure 53. Average Charges for Unintentional Poisoning Injury-Related ED Visits by Poison Type, 2001



Looking at Figure 54, most inpatient hospitalizations are paid for by commercial insurance (“Private/Other”) and “Medicare”. Looking at Figure 55, most ED visits are paid for by commercial insurance (“Private/Other”) and “Self-pay,” likely due to the high percentage of poisonings that are among young children. By comparing both figures, it is easy to see that when the elderly have a poisoning-related injury, they are more likely to be admitted to the hospital rather than treated in the ED since “Medicare” has a greater percentage of the payer-type in inpatient hospitalizations than in the ED.

Figure 54. Unintentional Poisoning Injury-Related Inpatient Hospitalizations by Payer-Type, 1997-2001

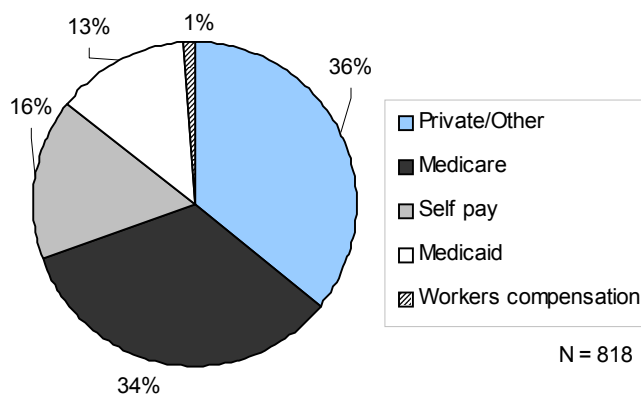
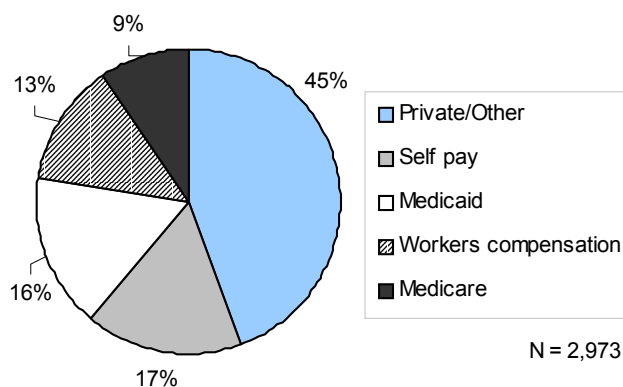


Figure 55. Unintentional Poisoning Injury-Related ED Visits by Payer-Type, 1999-2001

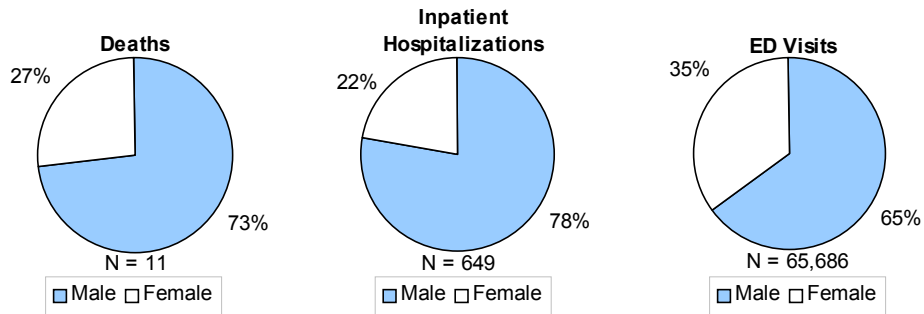


Unintentional Struck by/Against Injuries

Unintentional Struck by/Against injuries are the 5th leading cause of hospitalizations and the 2nd leading cause of ED visits in New Hampshire for the years 1999 - 2001. These injuries range from being struck by a falling object, colliding against or with objects, or persons to being caught between two objects. Examples of these mechanisms/causes of injury are being struck by a falling rock or tree, colliding with or stepping on an object or person, struck or hit by a thrown ball, or getting caught or crushed by a sliding door or folding object.²³ Many of these struck by/against injuries can be avoided through close observation of our environment, careful planning, and having adequate time available to avoid being rushed. Using approved equipment and products according to the manufacturer's instructions can also reduce this type of injury.

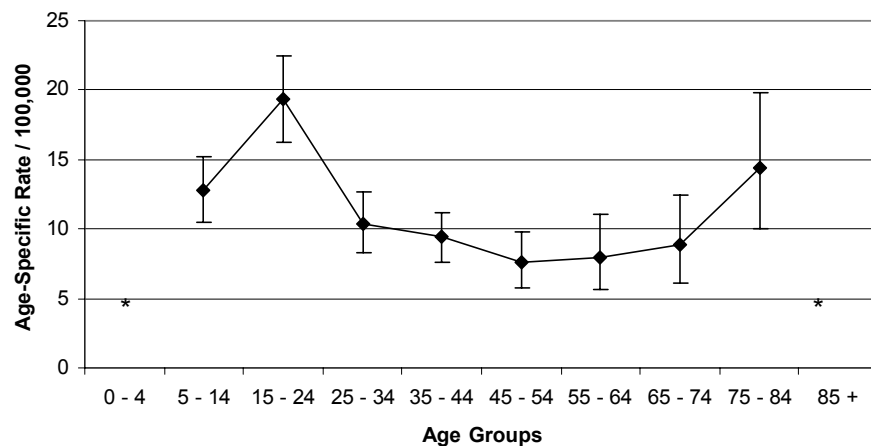
In NH, males suffer from Struck by/Against injuries more than females in deaths, inpatient hospitalizations, and ED visits (Figure 56).

Figure 56. Unintentional Struck by/Against Injury-Related Deaths (1999-2001), Inpatient Hospitalizations (1997-2001), and ED Visits (1999-2001) by Gender



There are too few struck by/against related deaths to calculate rates by age group. Looking at the inpatient hospitalizations, there is a peak for the age group of 15-24 (Figure 57). The numbers of inpatient hospitalizations are too low to allow for a calculation of rates by both age group and gender.

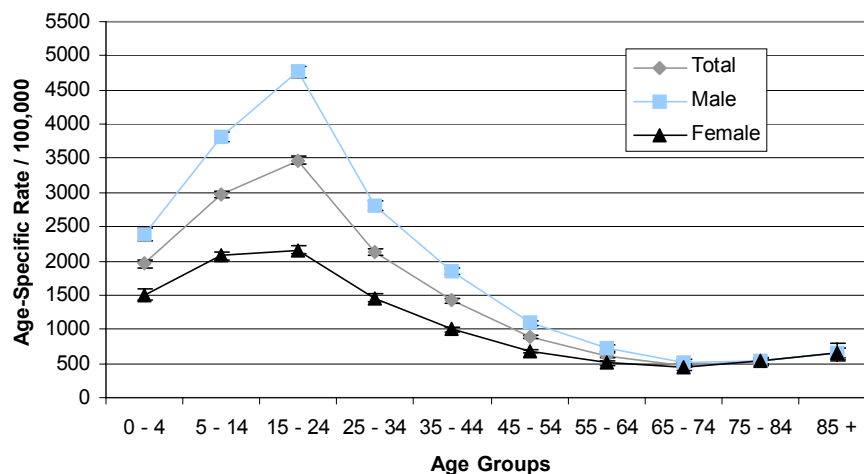
Figure 57. Unintentional Struck by/Against Injury-Related Inpatient Hospitalization Rates by Age Group, 1997-2001



* Unable to calculate rate due to a frequency less than 20.

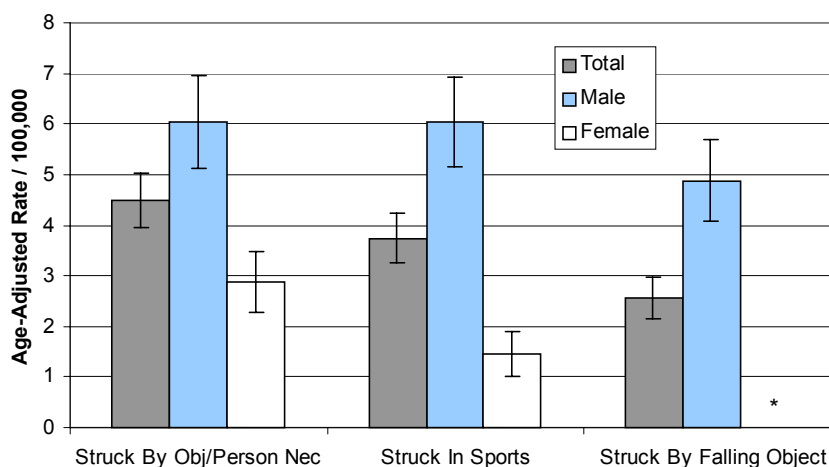
Looking at Figure 58, the rates for struck by/against ED visits are much higher in the age group of 15 to 24 years than for any other age group. This peak is most likely because this age group is extremely active in recreation and sports, thus making them more susceptible to injury. However, these age groups can withstand injuries better than older populations and thus may only be seen in the ED rather than as an inpatient hospitalization.

Figure 58. Unintentional Struck by/Against Injury-Related ED Visit Rates by Age Group and Gender, 1999-2001



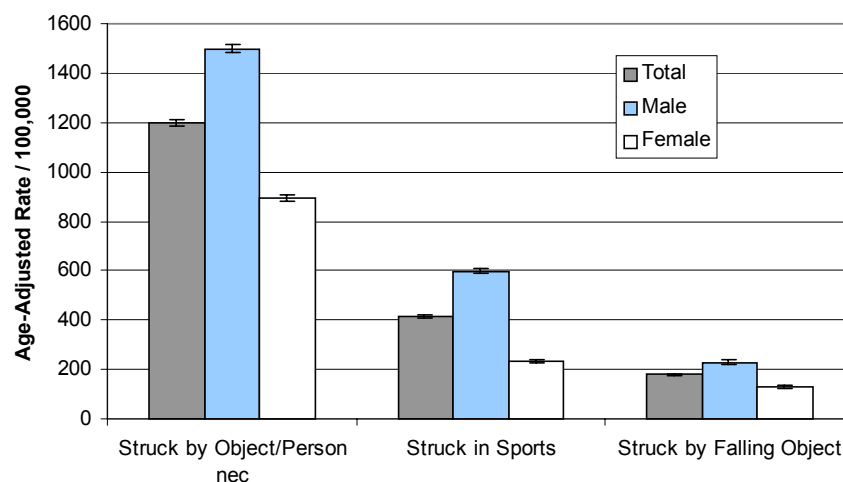
As seen in Figure 59, “Struck by object or person” and “Struck in sports” are the most common mechanisms of struck by injuries in inpatient hospitalizations. For ED visits, “Struck by object or person” is the most common mechanism of struck by injuries (Figure 60).

Figure 59. Unintentional Struck by/Against Injury-Related Inpatient Hospitalization Rates by Top Three Mechanisms/Causes, 1997-2001



* Unable to calculate rate due to a frequency less than 20.

Figure 60. Unintentional Struck by/Against Injury-Related ED Visit Rates by Top Three Mechanisms/Causes, 1999-2001



Most struck by/against patients are discharged to “Home, self care” (Table 15 and Table 16).

Table 15. Unintentional Struck by/Against Injury-Related Inpatient Hospitalizations by Disposition, 1997-2001

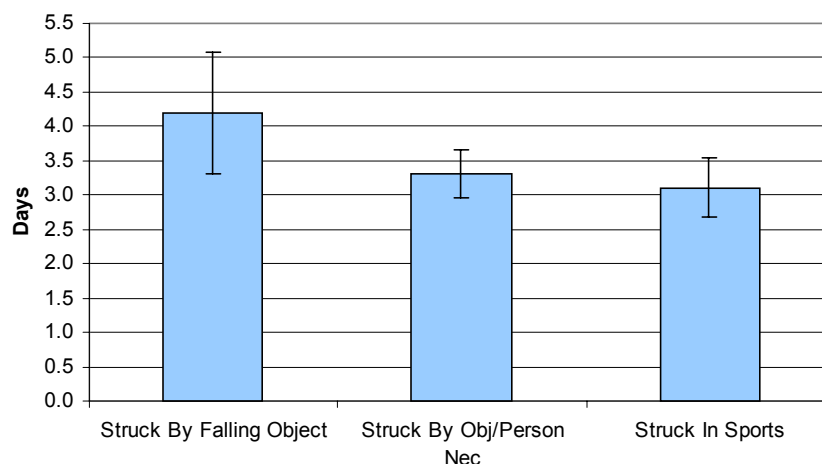
Disposition	< 65	≥ 65
Home, self care	494	42
Home health service	38	9
Transfer to specialized facility	17	4
Skilled nursing facility/structured/assisted living	8	27
Other short term hospital	4	1
Against medical advice	2	0
Intermediate care facility	0	2
Transfer to psychiatric facility/psych in acute facility	0	1
Total	563	86

Table 16. Unintentional Struck by/Against Injury-Related ED Visits by Disposition, 1999-2001

Disposition	< 65	≥ 65
Home, self care	63,136	2,249
Other short term hospital	94	7
Patient left before treatment	47	1
Against medical advice	44	1
Skilled nursing facility/structured/assisted living	24	15
Transfer to psychiatric facility/psych in acute facility	22	0
Home health service	11	1
Redirected to appropriate provider	7	2
Intermediate care facility	4	19
Transfer to specialized facility	1	1
Total	63,390	2,296

The average length of stay in the hospital for struck by/against injuries range from about 3 to 4 days (Figure 61). In looking at the confidence intervals of each mechanism, the ranges all overlap meaning that none of the mechanisms have a significant difference in length of stay.

Figure 61. Average Length of Stay for Unintentional Struck by/Against Injury-Related Inpatient Hospitalizations by Mechanism, 1997-2001



The average charges by mechanism for hospitalizations range from approximately \$9,000 to \$12,000. For ED visits, averages range from \$380 to \$530. However, due to the overlapping confidence intervals between mechanisms, there aren't significant differences in charges between mechanisms of struck by/against injuries (Figure 62 and Figure 63).

Figure 62. Average Charges for Unintentional Struck by/Against Injury-Related Inpatient Hospitalizations by Mechanism, 2001

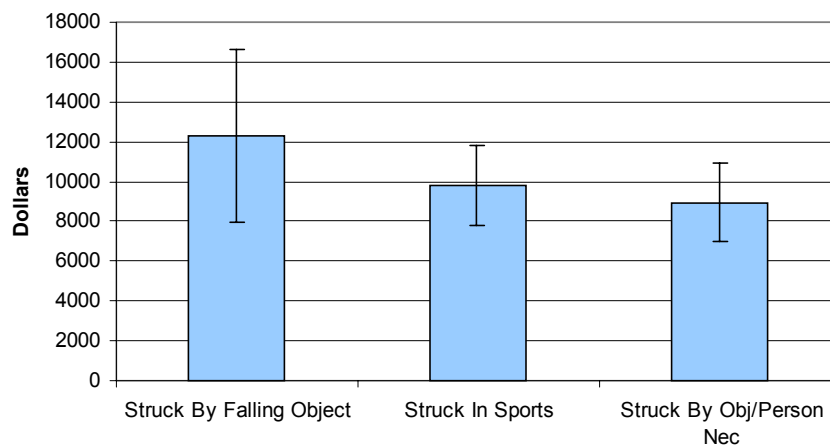
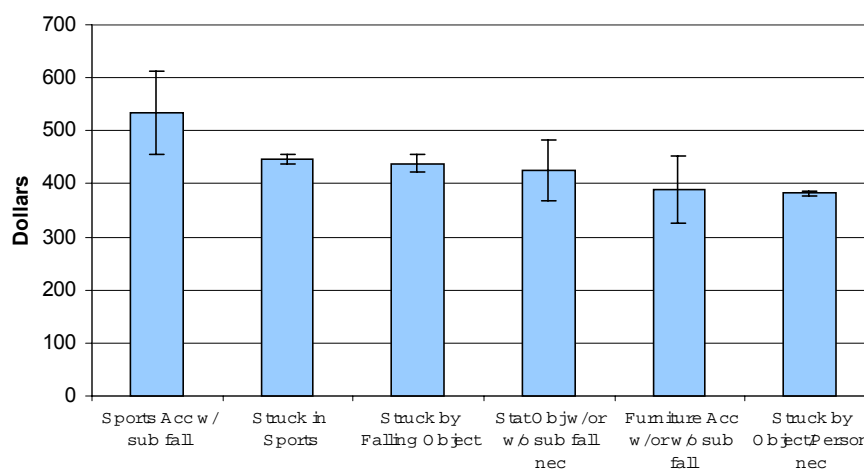


Figure 63. Average Charges for Unintentional Struck by/Against Injury-Related ED Visits by Mechanism, 2001



Since the majority of patients with struck by injuries are from the younger population, most of the expenses are paid by “Private/Other” (commercial insurance) and workers compensation for both inpatient hospitalizations (Figure 64) and ED visits (Figure 65).

Figure 64. Unintentional Struck by/Against Injury-Related Inpatient Hospitalizations by Payer-Type, 1997-2001

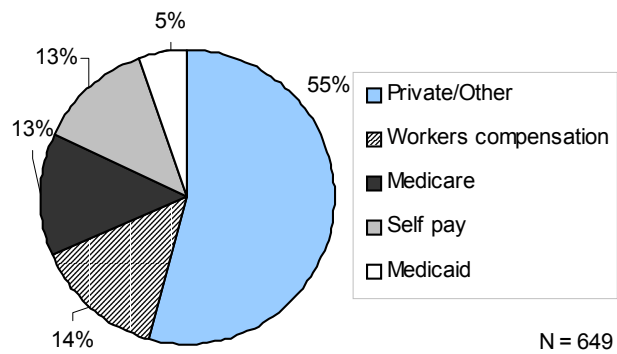
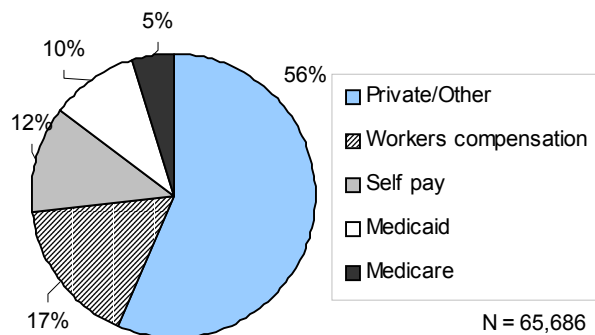


Figure 65. Unintentional Struck by/Against Injury-Related ED Visits by Payer-Type, 1999-2001



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Assault Injuries

Interpersonal violence exacts an enormous toll on Americans, including New Hampshire residents. Children are often first exposed to violence within their family, but violence is also present in schools, workplaces, churches, and the popular media - including television, movies, video games, and music. There is strong evidence that exposure to violence, both in real life and through the media, has adverse effects. These include associations between children witnessing violence between their parents and an increased risk for physical and mental health problems, drinking, and drug use. Associations between marital conflict and violence, physical abuse of children, and assaults and other crimes outside of the family also exist.³⁴ There is a 6 to 9 time increase in suicide ideation and suicide attempts among female high school students who were victims of sexual or physical abuse by dating partners;³⁵ and children or youth who have been physically abused or neglected are more likely to commit violent crimes later in life.³⁶

An increased risk of engaging in aggressive behavior is also associated with exposure to media violence and violence in one's own life. In fact, more than 1,000 research studies show a positive relationship between exposure to violent media and changed attitudes towards violent behavior. These effects include the following: a portrayal of violent behavior as normal conflict resolution, the development of a "mean world syndrome" that inflates the perceived prevalence of violence, builds fear and a perceived need for self-protection; and a desensitization to violence against others.³⁴ While there is some controversy about whether increased exposure to violent media is associated with increased aggression, the relationship between them is statistically stronger than the relationship that has been documented for other, widely accepted causal relationships. These include, among others, the relationship between exposure to second hand smoke and an increased risk of lung cancer, and the relationship between the level of calcium intake and bone mass.³⁷

Homicide is the thirteenth leading cause of death overall in the United States, and it is the second leading cause of death for young persons between the ages, 15 to 24. In the United States in the year 2000, there were 16,765 homicides. Firearms were used in 64.4% of these homicides, followed by cut/pierce instruments used in 10.8%.³⁸

The leading cause of death and disability among abused infants and children is head trauma (a result of violent shaking).

In a national survey, 25% of women reported being raped or physically assaulted by an intimate partner at some point in their lives, compared to 8% of men. Nearly 30% of rapes occur before age 12. One in three women injured in a physical assault or rape requires medical care. However, most injured rape, attempted rape, and sexual assault victims do not receive treatment for their injuries.³⁶ In addition, women are more likely than men to be murdered by an intimate partner.²

More than 75% of school homicide victims were males. In a 1999 study, 14% of high school students had been in a physical fight at least once in the previous year.²

New Hampshire has a low number of homicides compared to most other states in the United States. In New Hampshire in the year 2001:

- 27 people died from homicides, with the mean age of 52.8 years.
- 80 people were discharged from the hospital due to assault injuries with the mean age of patients at 27.8 years.
- 2,824 people were discharged from the Emergency Department due to assault injuries; the mean age of patients was 27.7 years.

It is important to note that both the number of people and the average age of the NH residents who were killed in 2001 are higher than previously reported for the state. Included in these deaths were NH residents killed in the terrorist acts of September 11, 2001.

In general, the population of assault-injured patients is primarily young and predominantly male. Males account for 65% of the homicides, 80% of the hospital discharges, and 61% of the emergency room visits from assault injuries (see Figure 66, Figure 67, and Figure 73).

Homicides

Figure 66. Assault Injury-Related Deaths by Gender, 1999-2001

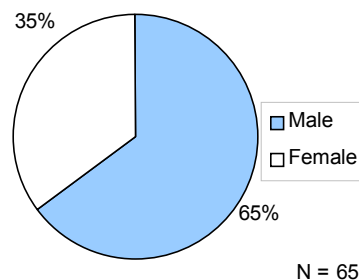


Table 17. Assault Injury-Related Deaths by Age Group, 1999-2001

Age Group	Total	Male	Female
0 - 4	5	2	3
5 - 14	1	1	0
15 - 24	6	4	2
25 - 34	11	7	4
35 - 44	12	8	4
45 - 54	8	5	3
55 - 64	11	9	2
65 - 74	5	3	2
75 - 84	3	2	1
85 +	3	1	2
Total	65	42	23

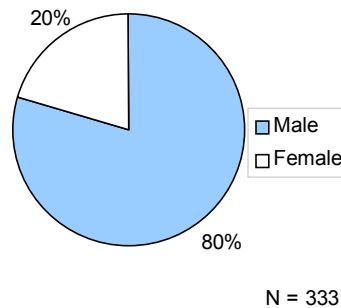
Looking at Table 18, the leading means of homicide in NH is by “Firearm”, followed by “Cut/pierce”. In 1999 - 2001, there were 25 firearm-related homicides and 12 cut/pierce related homicides.

Table 18. Assault Injury-Related Deaths by Mechanism/Cause, 1999-2001

Mechanism/Cause	Total
Firearm	25
Cut/pierce	12
All Transport	8
Other specified nec	7
Other specified classifiable	3
Poisoning	2
Struck by or against	2
Suffocation	2
Unspecified	2
Fall	1
Fire/hot object or substance	1
Total	65

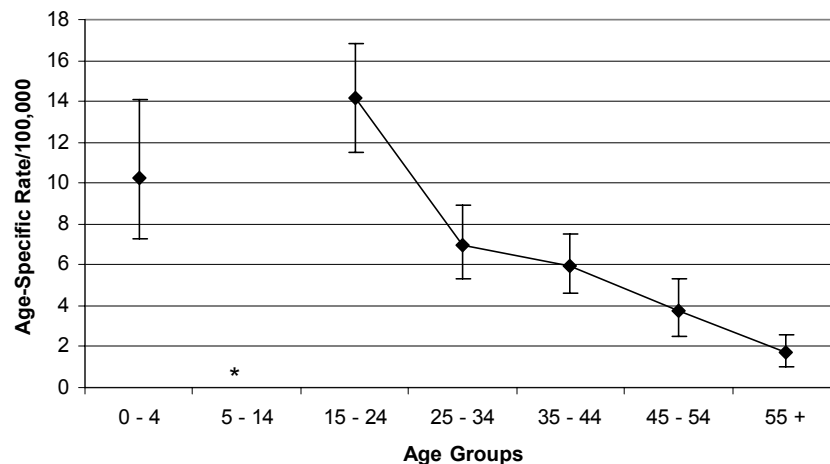
Assault Injury-Related Inpatient Hospitalizations

Figure 67. Assault Injury-Related Inpatient Hospitalizations by Gender, 1997-2001



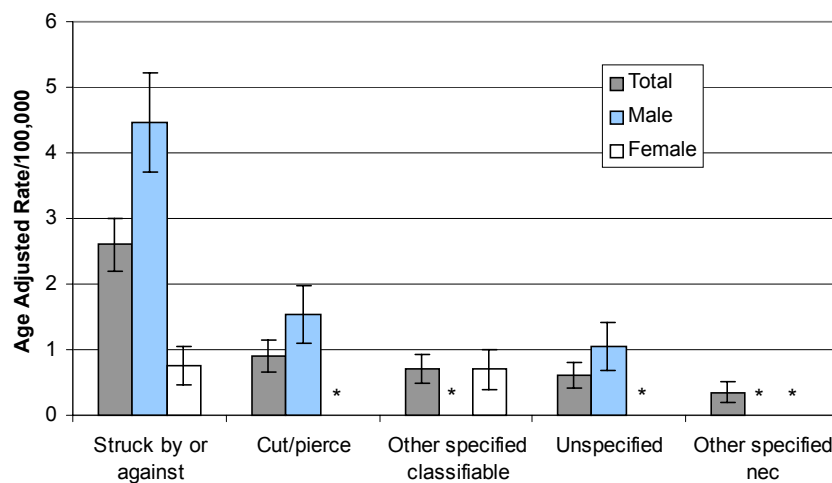
There were too few inpatient hospitalizations to calculate rates for every age group (Figure 68). For the age groups with calculable rates, the confidence intervals overlap and a statistical difference among age groups can not be seen.

Figure 68. Assault Injury-Related Inpatient Hospitalization Rates by Age Group, 1997-2001



The most common mechanism/cause of assault-related hospitalizations was “Struck by/against” followed by “Cut/pierce” and “Other specified and classifiable”, respectively (Figure 69). Examples of “Struck by/Against” assaults are unarmed fights or brawls or striking with a blunt object. Examples of “Other specified and classifiable” assaults are rapes, child or adult abuse, assaults by air gun, or human bite.

Figure 69. Assault Injury-Related Inpatient Hospitalization Rates by Mechanism/Cause, 1997-2001



* Unable to calculate rate due to a frequency less than 20.

Looking at Table 19, most of the assault hospitalization patients are discharged to “Home, self care.”

Table 19. Assault Injury-Related Inpatient Hospitalizations by Disposition, 1997-2001

Disposition	< 65	≥ 65
Home, self care	265	4
Home health service	20	1
Skilled nursing facility/structured/assisted living	11	7
Against medical advice	8	0
Transfer to specialized facility	6	0
Other short term hospital	6	0
Intermediate care facility	1	3
Transfer to psychiatric facility/psych in acute facility	1	0
Total	318	15

The average length of stay for assault-related hospitalizations ranges from approximately 2.6 (2.1-.1) to 5.2 (2.0-8.4) days (Figure 70). The confidence intervals for each of the mechanisms/causes of assault overlap; therefore, none of the average length of stays for the individual mechanisms/causes are statistically different from one another. The same is true for the average charges for each mechanism/cause of assault. The average charges range from \$6,819 (3,145-10,493) to \$14,961 (6,986-22,937). However, the average charges do not differ significantly from one another by mechanism/cause (Figure 71).

Figure 70. Average Length of Stay for Assault Injury-Related Inpatient Hospitalizations by Mechanism/Cause, 1997-2001

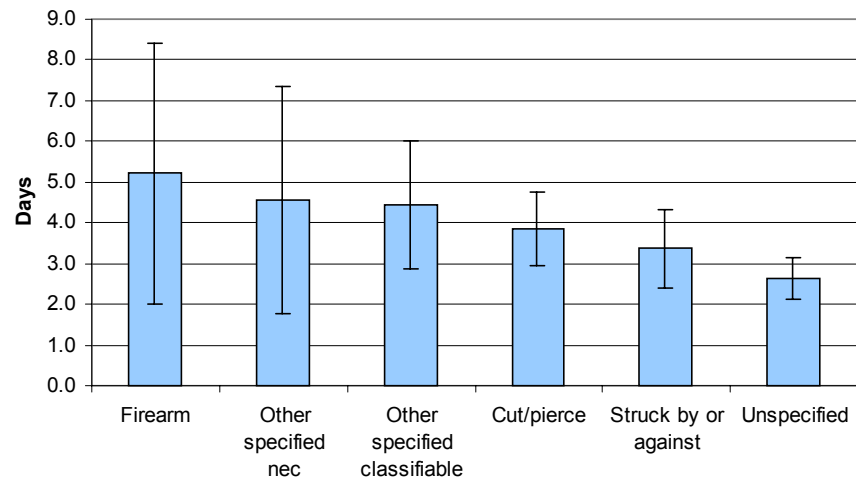
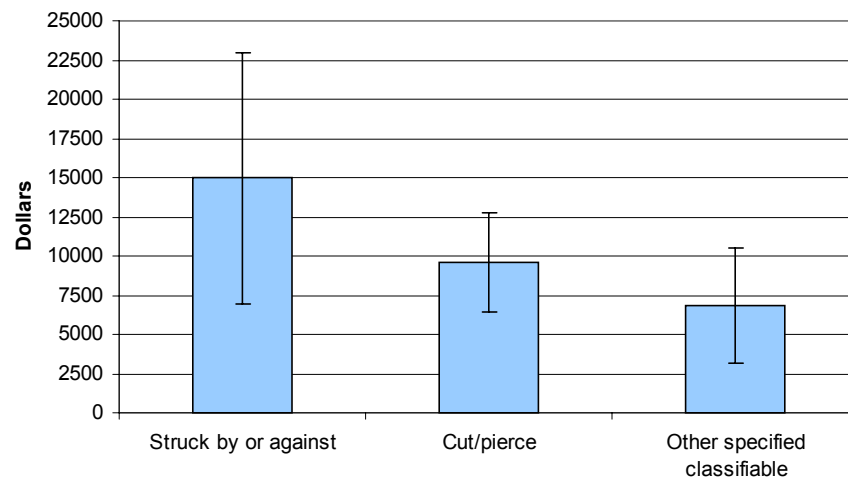
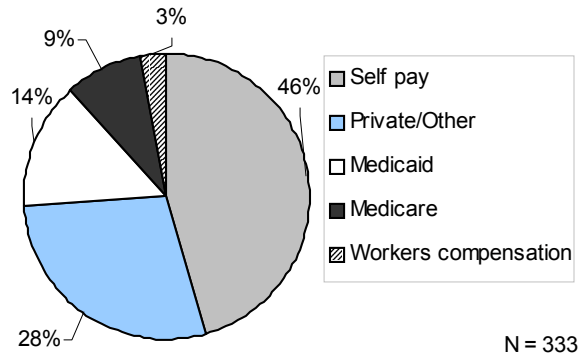


Figure 71. Average Charges for Assault Injury-Related Inpatient Hospitalizations by Mechanism/Cause, 2001



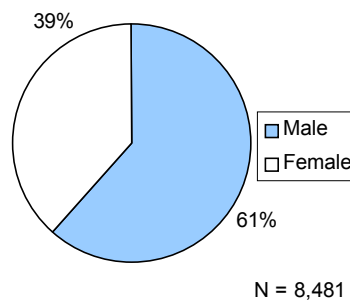
The most common payer is Self pay (46%), followed by "Private/Other" (commercial insurance) as the payer in 28% of cases (Figure 72).

Figure 72. Assault Injury-Related Inpatient Hospitalizations by Payer-Type, 1997-2001



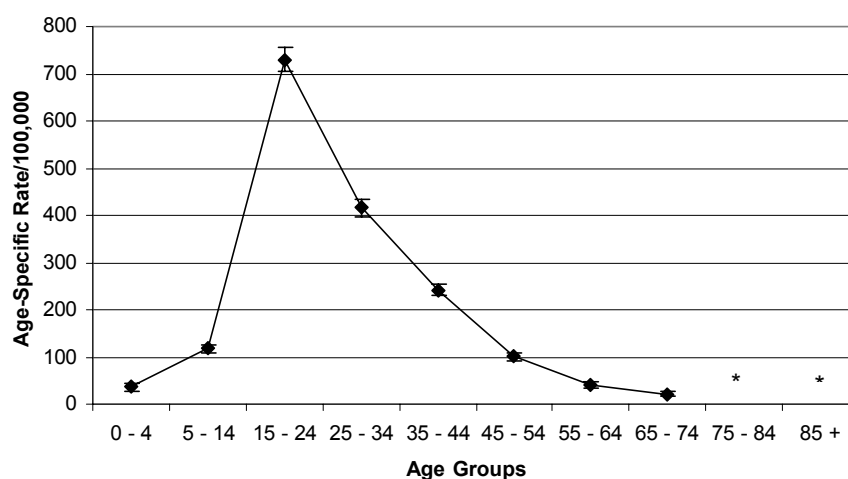
Assault Injury-Related Emergency Department (ED) Visits

Figure 73. Assault Injury-Related ED Visits by Gender, 1999-2001



Looking at Figure 74, the assault injury-related ED visit rates show some significant differences between age groups. The 15-24 year old age group has a much higher rate than the other age groups, at 730/100,000 (706 – 755). For the oldest individuals (>74 years) there were too few homicides to calculate rates for these age groups.

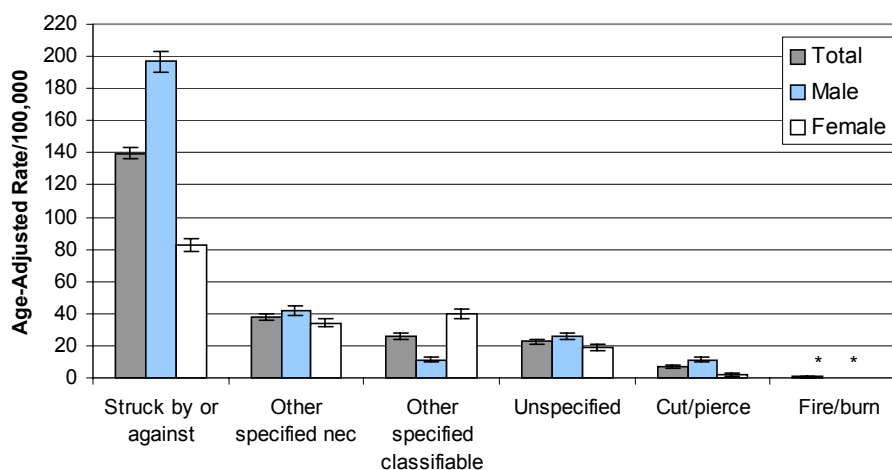
Figure 74. Assault Injury-Related ED Visit Rates by Age Group, 1999-2001



* Unable to calculate rate due to a frequency less than 20.

“Struck by or against” has the highest rate of any of the mechanisms/causes of Assault injury-related ED visits 140/100,000 (136 – 144). When looking at rates by mechanism/cause, males have significantly higher rates than females for all mechanisms/causes except “Other specified and classifiable” (Figure 75). The gender difference seen in this mechanism/cause of injury is discussed in the “Other Specified and Classifiable Assault” section of this report.

Figure 75. Assault Injury-Related ED Visit Rates by Mechanism/Cause, 1999-2001



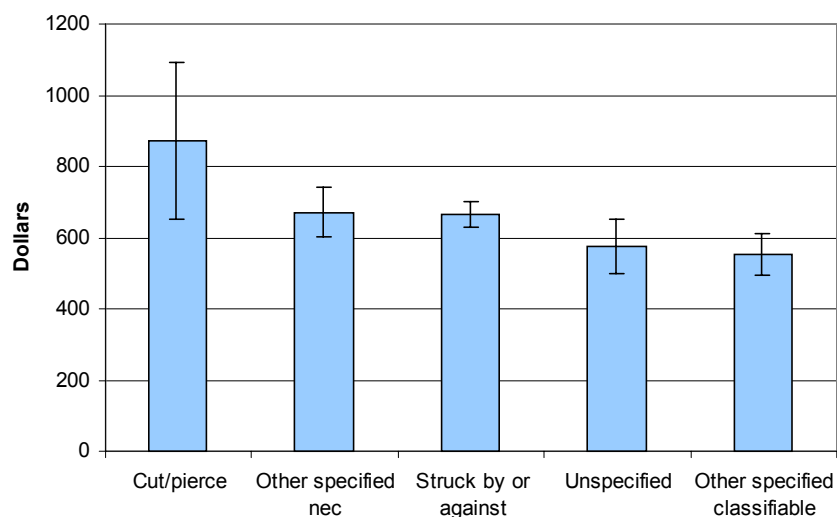
* Unable to calculate rate due to a frequency less than 20.

Most of the ED patients are discharged to “Home, self care” (Table 20). The second leading disposition is “Against medical advice.” It is interesting to note that assault injured patients leave the ED against medical advice much more than unintentional injury patients.

Table 20. Assault Injury-Related ED Visits by Disposition, 1999-2001

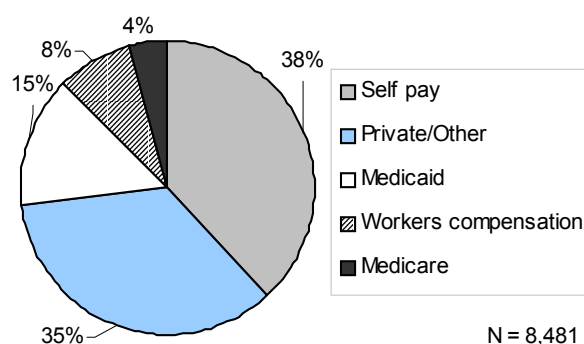
Disposition	< 65	≥ 65
Home, self care	8,265	65
Against medical advice	70	0
Other short term hospital	28	1
Skilled nursing facility/structured/assisted living	20	3
Patient left before treatment	9	0
Transfer to psychiatric facility/psych in acute facility	8	0
Redirected to appropriate provider	5	0
Transfer to specialized facility	3	0
Home health service	1	1
Intermediate care facility	0	2
Total	8,409	72

The average charge for each of the different mechanisms/causes of assault injury-related ED visits ranges from approximately \$554 (495 – 612) to \$873 (653 – 1,092) (Figure 76). Most of the confidence intervals of the average charges overlap and thus do not suggest a statistical difference among mechanisms/causes. The only mechanisms/causes that are significantly different from one another are “Cut/pierce” and “Other Specified and Classifiable.” “Cut/pierce” has a significantly higher average charge at \$873 (653 – 1092) versus \$554 (495 – 612) for “Other specified and classifiable”.

Figure 76. Average Charges for Assault Injury-Related ED Visits by Mechanism/Cause, 2001

In general, the young adult population with the lowest percentage of health care insurance is among the age group with the highest rate of assault-related ED visits. This phenomenon would explain the high percentage of “Self pay” payer-type (Figure 77).

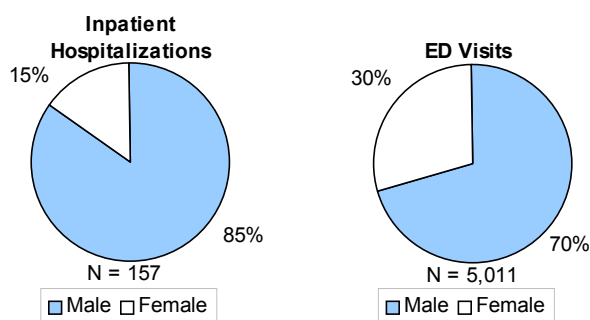
Figure 77. Assault Injury-Related ED Visits by Payer-Type, 1999-2001



Assault Struck by/Against Injuries

Males in NH are much more likely than females to suffer from a “Struck by/against” assault injury that leads to a death, inpatient hospitalization, or ED Visit (Figure 78).

Figure 78. Assault Struck by/Against Injury-Related Inpatient Hospitalizations (1997-2001) and ED Visits (1999-2001) by Gender

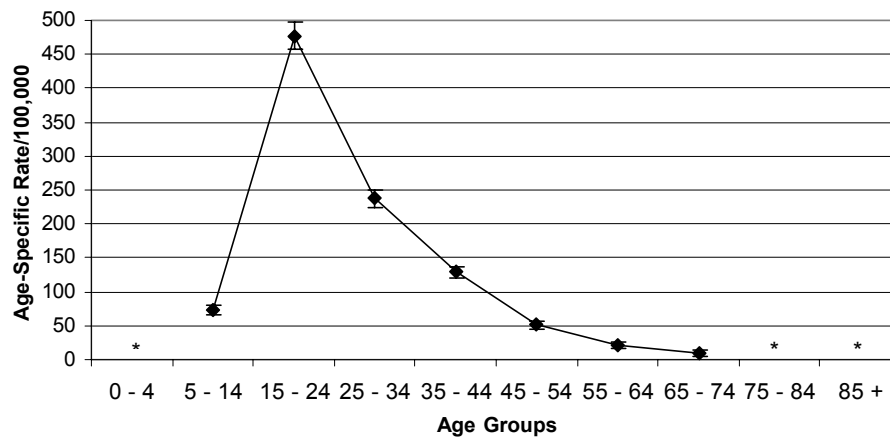


Due to low numbers, the Assault Struck by/Against inpatient hospitalization rates by age group cannot be calculated. The number of assault inpatient hospitalizations is greatest among the ages of 15-44 (See Table 21). For ED visits, youth between the ages of 15 and 24 have a much higher rate due to struck by/against assaults than any other age group (Figure 79). Rates cannot be calculated for the age groups of 0-4, 75-84, and 85+ due to low numbers.

Table 21. Assault Struck by/Against Injury-Related Inpatient Hospitalizations by Age Group, 1997-2001

Age Group	Total	Male	Female
0 - 4	2	2	0
5 - 14	5	5	0
15 - 24	52	48	4
25 - 34	30	29	1
35 - 44	38	28	10
45 - 54	18	14	4
55 - 64	2	1	1
65 - 74	3	3	0
75 - 84	4	2	2
85 +	3	1	2
Total	157	133	24

Figure 79. Assault Struck by/Against Injury-Related ED Visit Rates by Age Group, 1999-2001



* Unable to calculate rate due to a frequency less than 20.

Figure 80 and Figure 81 show that for both hospitalizations and ED visits, “Unarmed fight or brawl” is the overwhelming mechanism/cause of struck by/against assault injury.

Figure 80. Assault Struck by/Against Injury-Related Inpatient Hospitalization Rates by Mechanism, 1997-2001

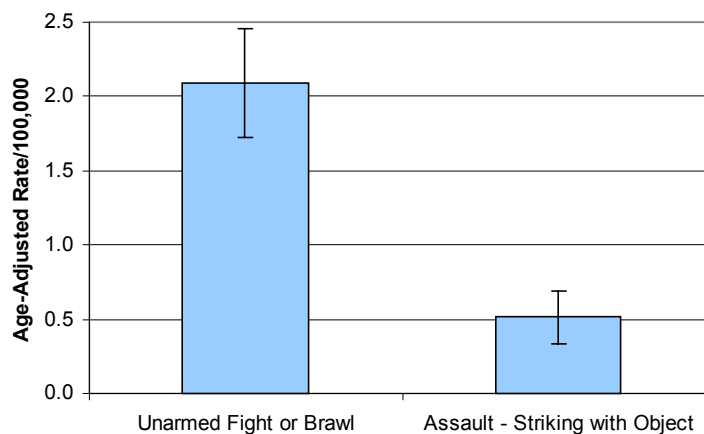
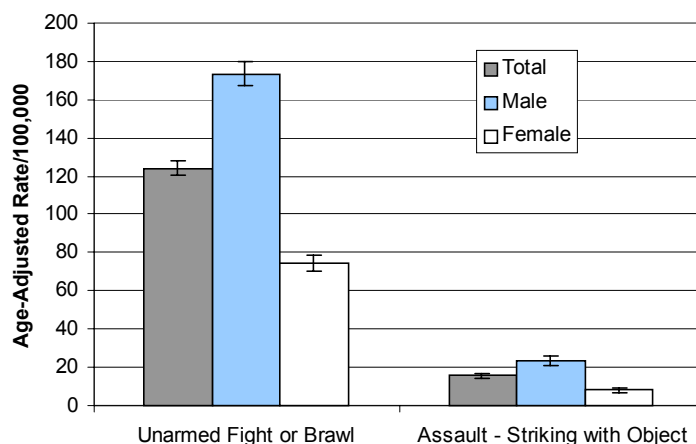


Figure 81. Assault Struck by/Against Injury-Related ED Visit Rates by Mechanism, 1999-2001



Once again, the disposition of patients is in accordance with the fact that many of the injured patients are young. The most common disposition for both inpatient hospitalizations and ED visits is to “Home, self care” (Table 22 and Table 23).

Table 22. Assault Struck by/Against Injury-Related Inpatient Hospitalizations by Disposition, 1997-2001

Disposition	N
Home, self care	132
Skilled nursing facility/structured/assisted living	6
Against medical advice	5
Home health service	5
Transfer to specialized facility	4
Intermediate care facility	2
Other short term hospital	2
Transfer to psychiatric facility/psych in acute facility	1
Total	157

Table 23. Assault Struck by/Against Injury-Related ED Visits by Disposition, 1999-2001

Disposition	N
Home, self care	4,923
Skilled nursing facility/structured/assisted living	11
Against medical advice	48
Redirected to appropriate provider	4
Patient left before treatment	3
Transfer to specialized facility	1
Intermediate care facility	1
Other short term hospital	14
Transfer to psychiatric facility/psych in acute facility	6
Total	5,011

The average length of stay for Assault Struck by/Against inpatient hospitalizations is approximately 3.5 days (Figure 82). There is not a statistically significant difference between the different mechanisms of struck by/against injuries. Similarly, there is not a statistically significant difference between the different mechanisms of struck by/against inpatient hospitalizations for average charge (Figure 83).

Figure 82. Average Length of Stay for Assault Struck by/Against Injury-Related Inpatient Hospitalizations by Mechanism, 1997-2001

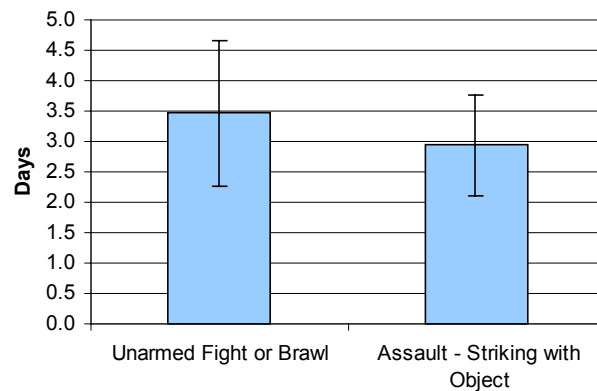
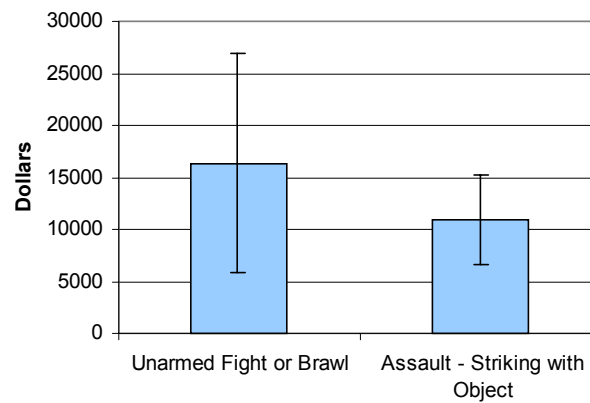
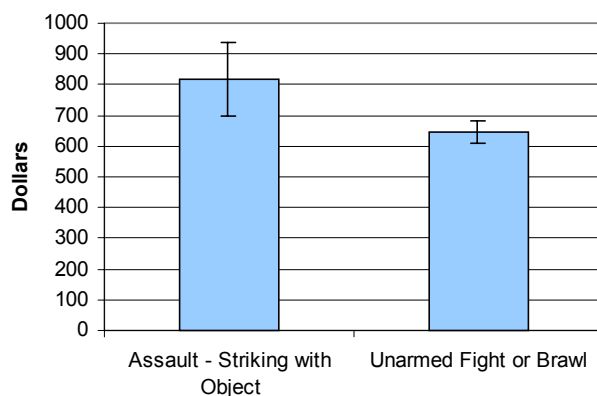


Figure 83. Average Charges for Assault Struck by/Against Injury-Related Inpatient Hospitalizations by Mechanism, 2001



There is a significant difference between mechanisms of struck by/against ED visits (Figure 84). “Striking with Object” has a higher average charge of \$818 (700-937), than “Unarmed Fight or Brawl’s” \$645 (609-681).

Figure 84. Average Charges for Assault Struck by/Against Injury-Related ED Visits by Mechanism/Cause, 2001



As far as payer-type, “Self pay” and “Private/Other” (commercial insurance) cover most of the charges for both inpatient hospitalizations and ED visits (Figure 85 and Figure 86).

Figure 85. Assault Struck by/Against Injury-Related Inpatient Hospitalizations by Payer-Type, 1997-2001

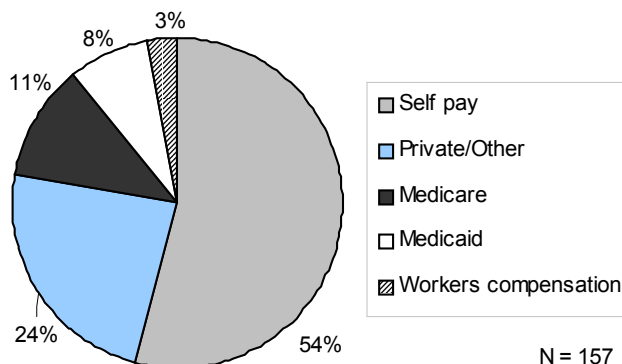
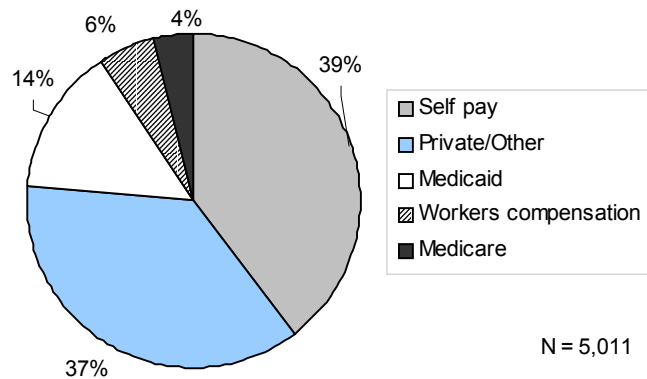


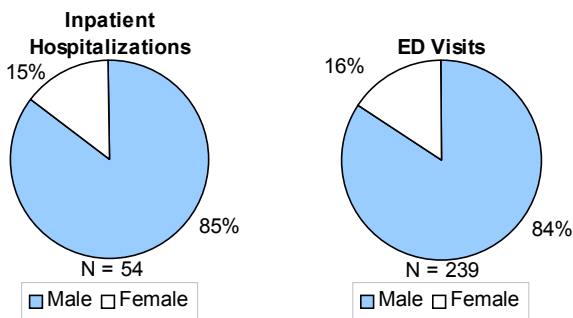
Figure 86. Assault Struck by/Against Injury-Related ED Visits by Payer-Type, 1999-2001



Assault Cut/Pierce Injuries

Cut/pierce injuries resulting in inpatient hospitalizations or ED visits are seen predominantly in males (Figure 87).

Figure 87. Assault Cut/pierce Injury-Related Inpatient Hospitalizations (1997-2001) and ED Visits (1999-2001) by Gender



For both inpatient hospitalizations and ED visits resulting from cut/pierce assaults, the frequencies are too low to calculate rates for the different age groups. Table 24 and Table 25; report that the greatest numbers are seen in the age group of 15 - 24 years.

Table 24. Assault Cut/pierce Injury-Related Inpatient Hospitalizations by Age Group, 1997-2001

Age Group	Total
0 - 4	0
5 - 14	0
15 - 24	27
25 - 34	9
35 - 44	15
45 - 54	3
55 - 64	0
65 - 74	0
75 - 84	0
85 +	0
Total	54

Table 25. Assault Cut/pierce Injury-Related ED Visits by Age Group, 1999-2001

Age Group	Total
0 - 4	1
5 - 14	4
15 - 24	125
25 - 34	51
35 - 44	38
45 - 54	14
55 - 64	3
65 - 74	1
75 - 84	2
85 +	0
Total	239

Once again, the disposition of patients and the payer-type reflect the fact that many of the injured patients are from the younger age groups. The most common disposition for both inpatient hospitalizations and ED visits is “Home, self care” (Table 26 and Table 27). As far as payer-type, “Self pay” and “Private/Other” (commercial insurance) cover most of the charges for both inpatient hospitalizations and ED visits (Figure 88 and Figure 89).

Table 26. Assault Cut/pierce Injury-Related Inpatient Hospitalizations by Disposition, 1997-2001

Disposition	N
Home, self care	47
Home health service	4
Against medical advice	2
Skilled nursing facility/structured/assisted living	1
Total	54

Table 27. Assault Cut/pierce Injury-Related ED Visits by Disposition, 1999-2001

Disposition	N
Home, self care	231
Against medical advice	4
Other short term hospital	1
Patient left before treatment	2
Transfer to psychiatric facility/psych in acute facility	1
Total	239

Figure 88. Assault Cut/pierce Injury-Related Inpatient Hospitalizations by Payer-Type, 1997-2001

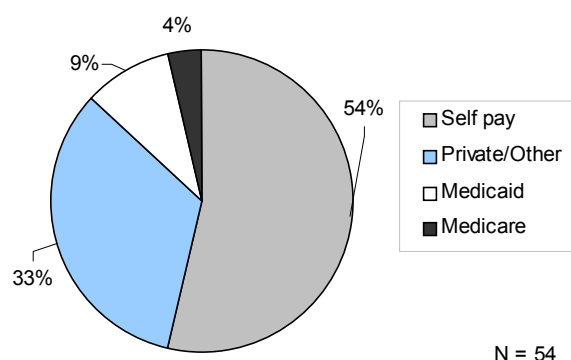
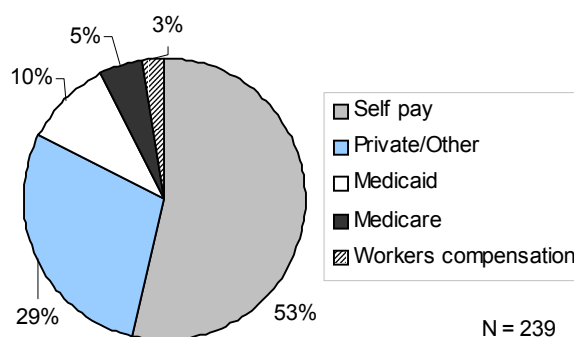


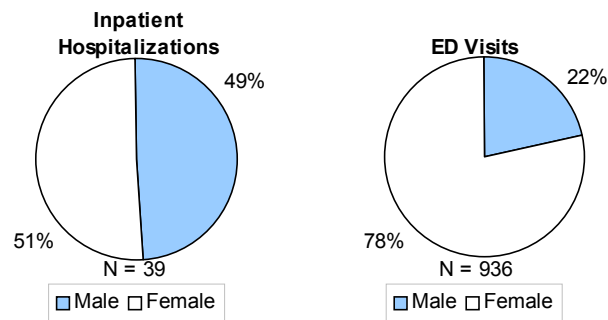
Figure 89. Assault Cut/pierce Injury-Related ED Visits by Payer-Type, 1999-2001



Assault Other Specified and Classifiable Injuries

Both males and females have equal inpatient hospitalizations due to assaults of “Other specified and classifiable” mechanism/cause. However, females make up 78% of all ED visits due to this mechanism/cause (Figure 90). The higher rate of “batter by spouse/partner” to females gives insight to this gender difference.

Figure 90. Assault Other Specified and Classifiable Injury-Related Inpatient Hospitalizations (1997-2001) and ED Visits (1999-2001) by Gender



The numbers are too low to calculate inpatient hospitalization or ED visit rates among the different age groups. The number of ED visits for persons between the ages 15 to 44 is quite high (Table 29).

Table 28. Assault Other Specified and Classifiable Injury-Related Inpatient Hospitalizations by Age Group, 1997-2001

Age Group	Total
0 - 4	27
5 - 14	1
15 - 24	4
25 - 34	0
35 - 44	2
45 - 54	1
55 - 64	1
65 - 74	1
75 - 84	0
85 +	2
Total	39

Table 29. Assault Other Specified and Classifiable Injury-Related ED Visits by Age Group, 1999-2001

Age Group	Total
0 - 4	49
5 - 14	92
15 - 24	248
25 - 34	249
35 - 44	196
45 - 54	76
55 - 64	13
65 - 74	10
75 - 84	2
85 +	1
Total	936

Looking at Table 30, the greatest number of ED visits are due to “Batter by spouse/partner.” Since studies have shown that women are more likely to have serious injuries due to physical abuse by a spouse/partner, the high number in “Batter by Spouse/Partner” group explains the disparity between genders.

Table 30. Assault Other Specified and Classifiable Injury-Related ED Visits by Mechanism, 1999-2001

Mechanism/Cause	Total	Male	Female
Batter By Spouse/Partner	386	17	369
Abuse By Fther/Stpfthr/Boyfriend	139	33	106
Human Bite - Assault	120	68	52
Rape	77	3	74
Child Abuse By Person Nec	64	18	46
Battering By Child	38	18	20
Child Abuse Nos	36	11	25
Abuse By Mther/Stpmthr/Grfriend	30	18	12
Batter By Other Relative	16	5	11
Assault - Air Gun	10	10	0
Battering By Sibling	10	0	10
Batter By Non-Relative	5	2	3
Battering By Grandparent	4	0	4
Assault-Criminal Neglect	1	1	0
Total	936	204	732

The disposition for most ED visits is to “Home, self care” (Table 32). Medicaid pays for over 50% of the inpatient hospitalizations. “Private/Other” (Commercial insurance) and “Self pay” together pay for almost 40% (Figure 91). When examining ED visits, “Private/Other”(commercial insurance) and “Self-pay” are responsible for

over 65% of the payments. “Medicaid” pays for approximately 20% (Figure 92).

Table 31. Assault Other Specified and Classifiable Injury-Related Inpatient Hospitalizations by Disposition, 1997-2001

Disposition	N
Home, self care	24
Skilled nursing facility/structured/assisted living	7
Home health service	3
Other short term hospital	3
Intermediate care facility	2
Total	39

Table 32. Assault Other Specified and Classifiable Injury-Related ED Visits by Disposition, 1999-2001

Disposition	N
Home, self care	921
Skilled nursing facility/structured/assisted living	2
Other short term hospital	5
Against medical advice	6
Transfer to psychiatric facility/psych in acute facility	1
Transfer to specialized facility	1
Total	936

Figure 91. Assault Other Specified and Classifiable Injury-Related Inpatient Hospitalizations by Payer-Type, 1997-2001

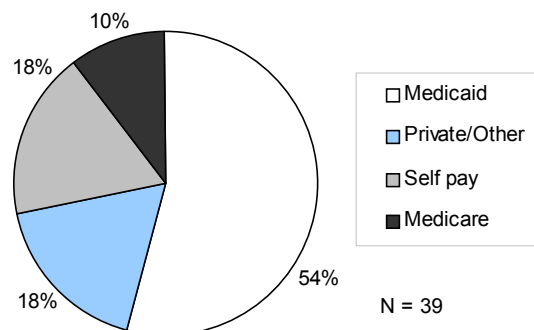
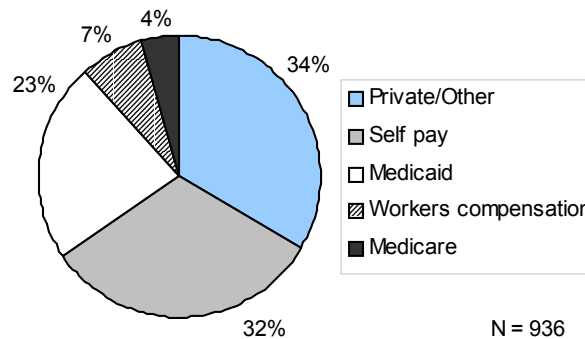


Figure 92. Assault Other Specified and Classifiable Injury-Related ED Visits by Payer-Type, 1999-2001



As discussed in the introduction to this section, interpersonal violence is pervasive in much of American culture. Consequently, a broad public health approach, along with strong law enforcement and criminal justice efforts, are needed to continue the reductions in criminally violent behavior seen during the last decade throughout the United States. “Strategies for preventing homicide and violence require integrating approaches from multiple disciplines, including criminal justice, education, social services, community advocacy, and public health. Public health approaches have focused on changing individual attitudes and behaviors by enhancing knowledge and skills, changing the social and physical environments, and increasing community awareness of the causes and prevention of violence.”⁴⁰

Self-Inflicted Injuries

Many Americans are surprised to learn that significantly more people die from suicide each year than from homicide. While this is true for the United States as a whole, the difference between the percentage of suicides and homicides is far greater in New Hampshire than it is nationwide. Much of this is attributable to the fact that New Hampshire's homicide rate is well below the national average, while the New Hampshire suicide rate is essentially the same as the national average.

In 2000, 29,350 Americans died by suicide, an average of 80 per day.³⁸ This compares to 16,765 deaths from homicide during the same time period. Thus, there were 75% more suicides in 2000 than homicides. For Americans ages 10 to 24, suicide is the third leading cause of death. In New Hampshire, suicide is the second leading cause of death among youth ages 15 to 24, and the third leading cause of death for 10 to 14 year olds.⁴

Although females are more likely to attempt suicide, males are four times as likely to die from suicide in the United States. Among youth 15 to 19, boys are five times as likely to die by suicide than girls. Males ages 20 to 24 are seven times more likely to complete suicide than females. Nationally, males over the age of 65 have the highest suicide rate.²

In 2000, emergency department (ED) visit rates due to self-inflicted injuries were highest among adolescents and young adults, particularly females. Poisoning and cut/pierce were responsible for 90% of these ED visit self-inflicted injuries. It is estimated that 60% of these injuries were actual suicide attempts.⁴¹ The other injuries were likely self-harm injuries. Self-harm is defined as "a deliberate and often repetitive destruction or alteration of one's own body tissue, without suicidal intent."⁴² People who self-harm are not trying to end their life, but rather attempting to carry on living by getting relief from intense emotions.⁴³

One of the strongest risk factors for suicide is a previous attempt; therefore, surveillance of suicide attempts (self-inflicted injuries) can help identify high-risk populations and target prevention strategies.⁴⁴

In New Hampshire in the year 2001:

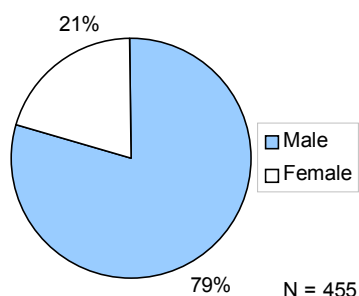
- 170 people died by suicides, with a mean age of 41.9 years.
- 733 people were discharged from an inpatient hospitalization due to self-inflicted injuries with the mean age of patients at 35.2 years.

- 1,505 people were discharged from the Emergency Department due to self-inflicted injuries, the mean age of patients was 27.8 years.

The population who died by suicide was predominantly male. Males accounted for 79% of all suicide deaths. In contrast, the population of self-inflicted injury patients was primarily female. Females accounted for 66% of the hospital discharges and 67% of the emergency room visits due to self-inflicted injuries (See Figure 93, Figure 95, and Figure 101).

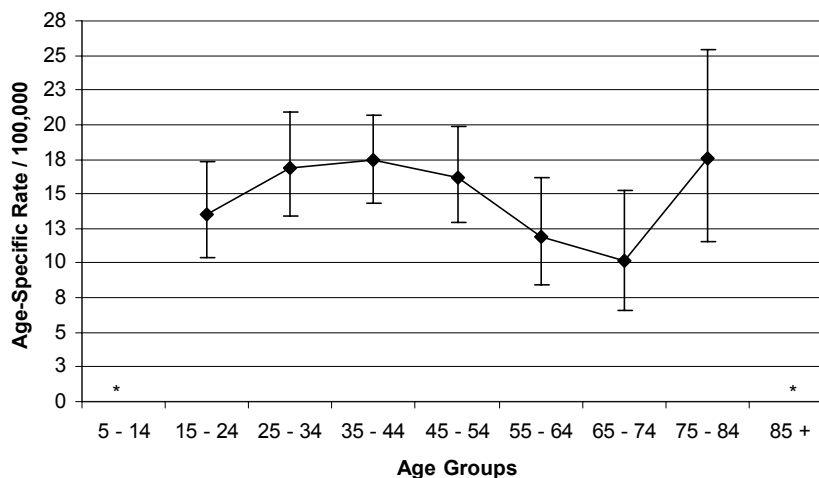
Suicides

Figure 93. Self-Inflicted Injury-Related Deaths by Gender, 1999-2001



Due to the small number of suicides per age group, rates cannot be calculated for every age group. Although rates can be calculated for most of the age groups, the number of deaths in each age group is so low that the confidence intervals all overlap (Figure 94). Thus, there is not a significant difference between age groups.

Figure 94. Self-Inflicted Injury-Related Death Rates by Age Group, 1999-2001



* Unable to calculate rate due to a frequency less than 20.

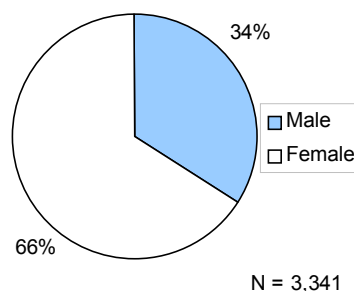
Firearms were the most common mechanism/cause of suicide with twice as many deaths as the second and third leading mechanisms/causes: poisoning and suffocation (mainly hangings), respectively (Table 33). The overwhelming mechanism/cause of death for males was due to a firearm injury. Males made up 91% of the firearm-related suicides. The use of a firearm is the most lethal of the suicide methods in New Hampshire. The large number of males that used firearms accounts for the higher percentage of males who died by suicides versus the high number of females with suicide attempts.

Table 33. Self-Inflicted Injury-Related Deaths by Mechanism/Cause, 1999-2001

Mechanism/Cause	Total	Male	Female
Firearm	216	197	19
Poisoning	102	58	44
Suffocation	101	79	22
Drowning	7	5	2
Fall	7	4	3
All Transport	6	4	2
Cut/pierce	5	5	0
Other specified nec	5	4	1
Other specified classifiable	4	4	0
Fire/hot object or substance	1	1	0
Unspecified	1	0	1
Total	455	361	94

Self-Inflicted Injury-Related Inpatient Hospitalizations

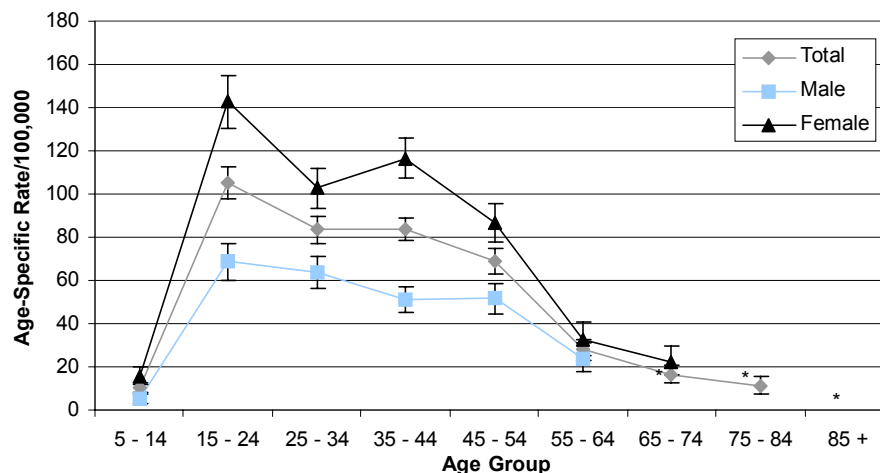
Figure 95. Self-Inflicted Injury-Related Inpatient Hospitalizations by Gender, 1997-2001



The highest rate of self-inflicted injury-related hospitalizations was among the 15 to 24 year old age group, at a rate of 105.4/100,000 (98.1 – 112.7) (Figure 96). Both the female and male rates follow a pattern similar to the overall rates. However, the female rates are significantly higher than the male rates in the age groups 15-24 through 45-54. The

highest rate of inpatient hospitalizations was for the female 15-24 year age group at a rate of 142.7 (130.6 – 154.8).

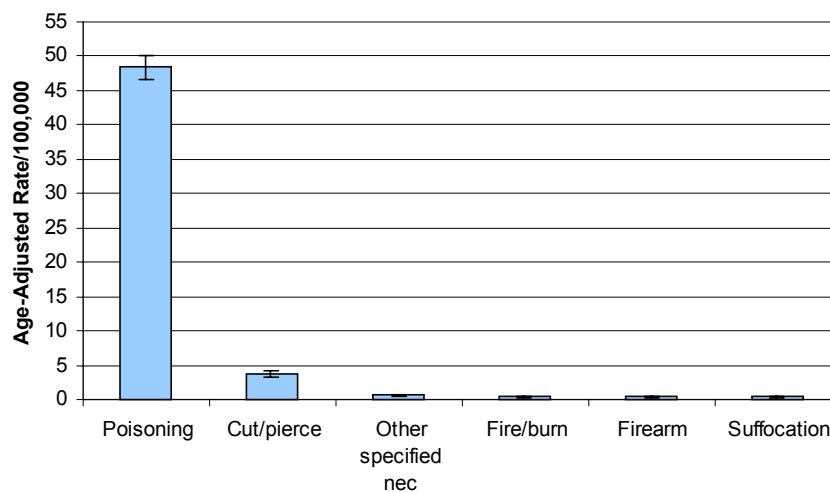
Figure 96. Self-Inflicted Injury-Related Inpatient Hospitalization Rates by Age Group and Gender, 1997-2001



* Unable to calculate rate due to a frequency less than 20.

The overwhelming mechanism/cause of self-inflicted inpatient hospitalization was poisoning, 48.4 (46.7 – 50.2) (Figure 97). Cut/pierce was the second leading mechanism/cause at a rate of 3.8 (3.3 – 4.3). The overall age-adjusted rate was 54.4 (52.6 – 56.3).

Figure 97. Self-Inflicted Injury-Related Inpatient Hospitalization Rates by Mechanism/Cause, 1997-2001



A majority of the hospitalized patients were sent home following treatment (Table 34). However, a large number of patients were also

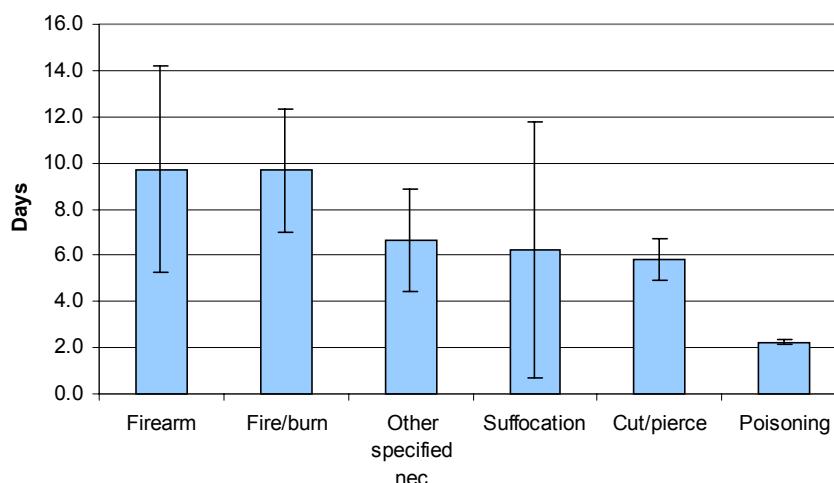
transferred to psychiatric facilities or psychiatric floors in an acute facility.

Table 34. Self-Inflicted Injury-Related Inpatient Hospitalizations by Disposition, 1997-2001

Disposition	< 65	≥ 65
Home, self care	1,695	31
Transfer to psychiatric facility/psych in acute facility	1,061	39
Other short term hospital	197	6
Skilled nursing facility/structured/assisted living	115	8
Against medical advice	90	1
Home health service	43	8
Transfer to specialized facility	39	2
Intermediate care facility	3	3
Total	3,243	98

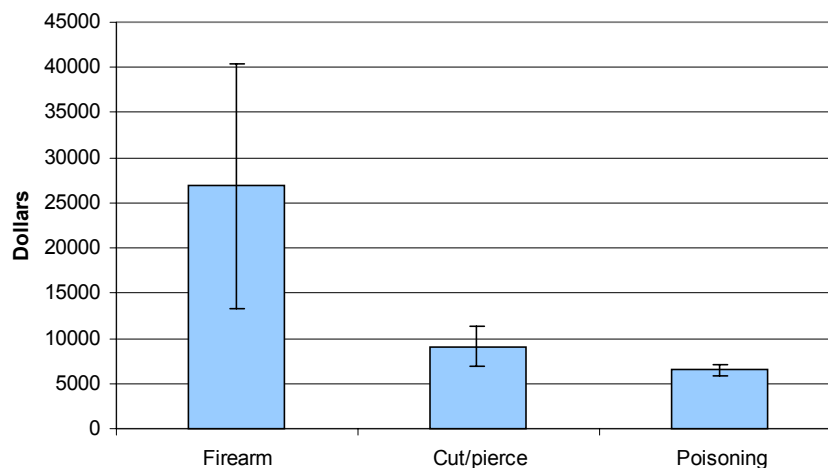
The average length of stay for a self-inflicted injury hospitalization ranges from 2.2 to 9.7 days (Figure 98). However, due to the overlapping confidence intervals, most of the lengths of stay are not significantly different for the individual mechanisms/causes of injury. “Poisoning” is the only mechanism/cause that has a statistically shorter average length of stay than the other methods.

Figure 98. Average Length of Stay for Self-Inflicted Injury-Related Inpatient Hospitalizations by Mechanism/Cause, 1997-2001



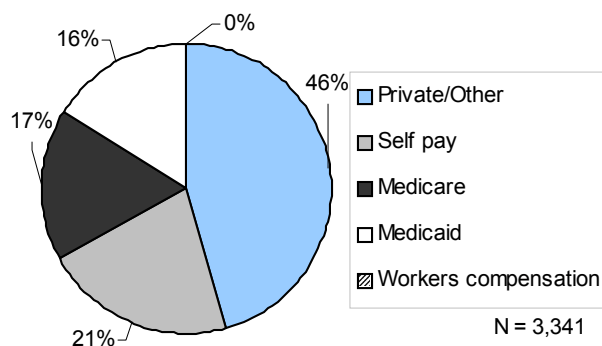
The average charge for a self-inflicted injury inpatient hospitalization ranges from \$6,473 to \$26,866 (Figure 99). The firearm-related inpatient hospitalizations are the most expensive, \$26,866 (13,352-40,380), followed by cut/pierce \$9,080 (6,861-11,299) and poisoning \$6,473 (5,850-7,096).

Figure 99. Average Charge for Self-Inflicted Injury-Related Inpatient Hospitalizations by Mechanism/Cause, 2001



The majority (67%) of the primary payers for self-inflicted injury-related inpatient hospitalizations are “Private/Other” (commercial insurance) and “Self pay” (Figure 100).

Figure 100. Self-Inflicted Injury-Related Inpatient Hospitalizations by Payer-Type, 1997-2001



The majority of the principal diagnoses of the inpatient hospitalizations are injuries or poisonings (Table 35). However, 18.5% of principal diagnoses are psychiatric codes. Of these patients with psychiatric codes, 85.6% are sent home following their acute care hospital stay (Table 36). Only 3.6% are sent to a psychiatric facility or a psychiatric floor of an acute care facility. Some of these patients may have been sent home with a specific discharge plan including follow-up care and/or a referral for psychiatric assistance. However, that level of detail is not included in this hospital database.

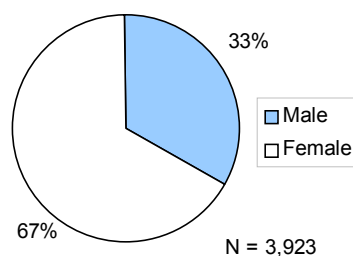
Table 35. Self-Inflicted Injury-Related Inpatient Hospitalizations by Principal Diagnosis, 1997-2001

Principal Diagnosis	N
Injury and Poisoning	2,687
Psychiatric Code	617
Other	28
Nondependent Abuse of Drugs/Alcohol	9
Total	3,341

Table 36. Self-Inflicted Injury-Related Inpatient Hospitalizations by Disposition of Patients with a Psychiatric Code in Principal Diagnosis Field, 1997-2001

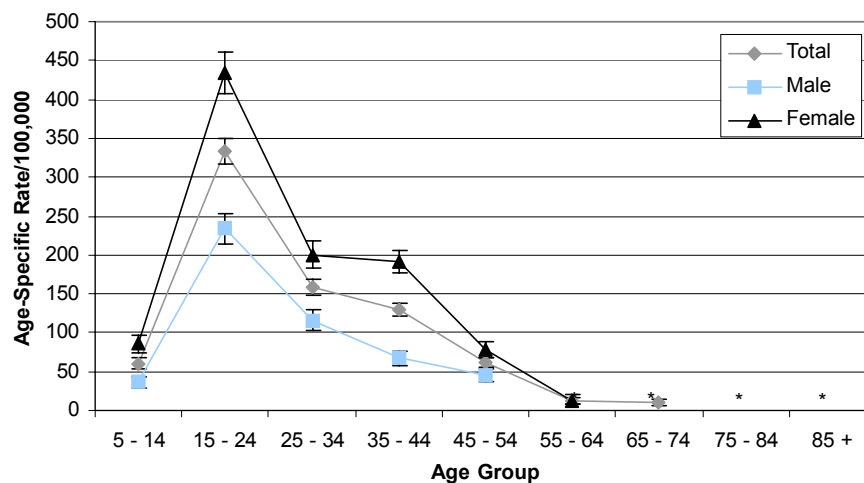
Disposition of Patients with Psychiatric PrinDx	N
Home, self care	528
Against medical advice	26
Transfer to psychiatric facility/psych in acute facility	22
Other short term hospital	17
Skilled nursing facility/structured/assisted living	11
Transfer to specialized facility	7
Home health service	5
Intermediate care facility	1
Total	617

Self-Inflicted Injury-Related Emergency Department (ED) Visits

Figure 101. Self-Inflicted Injury-Related ED Visits by Gender, 1999-2001

The highest rate for self-inflicted injury-related ED visits was among the 15 to 24 year old age group, at a rate of 333.4/100,000 (316.9 – 350.0) (Figure 102). Both the female and male rates follow a similar pattern to the overall rates. However, the female rates are significantly higher than the male rates in each of the age groups in which a rate can be calculated. The highest rate of inpatient hospitalizations was for the female 15-24 year age group at a rate of 434.9 (408.0 – 461.7).

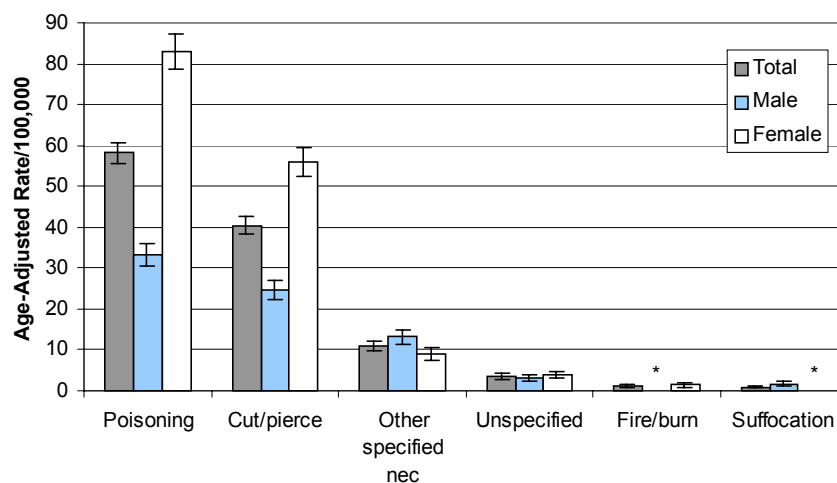
Figure 102. Self-Inflicted Injury-Related ED Visit Rates by Age Group and Gender, 1999-2001



* Unable to calculate rate due to a frequency less than 20.

The most common mechanism/cause of self-inflicted injury-related emergency department visits was poisonings, 58.1 (55.5 – 60.7) (Figure 103). The second most common mechanism/cause was cut/pierce, 40.3 (38.2 – 42.5).

Figure 103. Self-Inflicted Injury-Related ED Visit Rates by Mechanism/Cause, 1999-2001



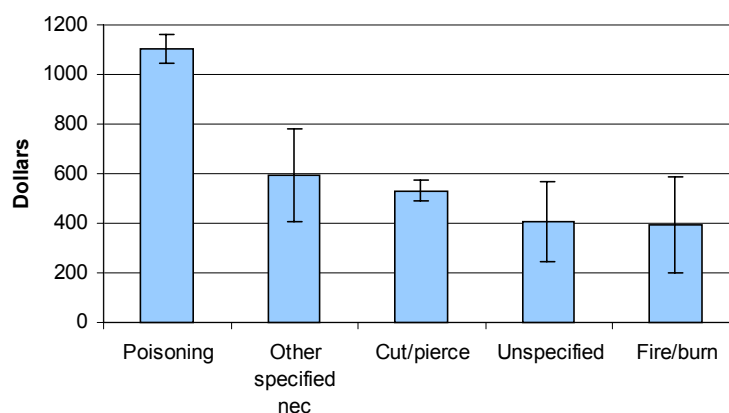
* Unable to calculate rate due to a frequency less than 20.

A majority of the ED visit patients were sent home following treatment (Table 37). However, a large number of patients were transferred to psychiatric facilities or psychiatric floors in an acute facility.

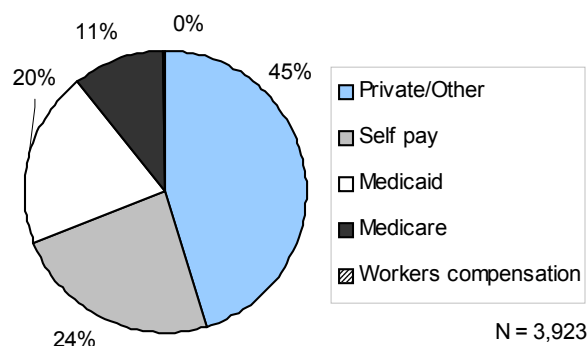
Table 37. Self-Inflicted Injury-Related ED Visits by Disposition, 1999-2001

Disposition	< 65	≥ 65
Home, self care	3,102	20
Transfer to psychiatric facility/psych in acute facility	421	4
Other short term hospital	164	4
Skilled nursing facility/structured/assisted living	141	2
Against medical advice	33	0
Transfer to specialized facility	18	0
Redirected to appropriate provider	7	0
Patient left before treatment	5	0
Home health service	3	0
Intermediate care facility	1	1
Total	3,895	31

The average charge for self-inflicted injury-related ED visits ranges from approximately \$390 to \$1,100 (Figure 104). The average charge for a poisoning, \$1,104 (1,047-1,162), is significantly higher than the average charges of all other mechanisms/causes. There is no significant difference between the other mechanisms/causes due to the overlapping confidence intervals.

Figure 104. Average Charge for Self-Inflicted Injury-Related ED Visits by Mechanism/Cause, 2001

The majority (69%) of the primary payers for self-inflicted injury-related ED visits are “Private/Other” (commercial insurance) and “Self pay” (Figure 105). “Medicaid” is the primary payer for 20% of the cases.

Figure 105. Self-Inflicted Injury-Related ED Visits by Payer-Type, 1999-2001

The principal diagnosis of “Injury and Poisoning” makes up a majority of the self-inflicted injury-related ED visits (Table 38). However, it is important to note that 12% are coded with a psychiatric code as the principal diagnosis. Of these patients with a psychiatric code as the principal diagnosis, 78% are sent home following their ED visit (Table 39). Some of these patients may have been sent home with a specific discharge plan including follow-up care and/or a referral for psychiatric assistance. However, that level of detail is not included in this ED visit database.

Table 38. Self-Inflicted Injury-Related ED Visits by Principal Diagnosis, 1999-2001

Principal Diagnosis	N
Injury and Poisoning	3,348
Psychiatric Code	489
Other	50
Nondependent Abuse of Drugs/Alcohol	39
Total	3,926

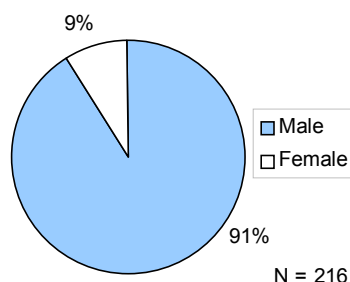
Table 39. Self-Inflicted Injury-Related ED Visits by Disposition of Patients with a Psychiatric Code in Principal Diagnosis Field, 1999-2001

Disposition of Patients with Psychiatric PrinDx	N
Home, self care	382
Transfer to psychiatric facility/psych in acute facility	62
Other short term hospital	13
Skilled nursing facility/structured/assisted living	23
Against medical advice	4
Transfer to specialized facility	3
Redirected to appropriate provider	1
Home health service	1
Total	489

Self-Inflicted Firearm Injuries

There are more male (91%) than female (9%) firearm-related suicides (Figure 106). This lethal method of suicide chosen mainly by males is the main reason for the high rate of male versus female deaths. Due to the lethality of this mechanism of injury, there is limited hospitalization and ED visit data because of the low numbers.

Figure 106. Self-Inflicted Firearm Injury-Related Deaths by Gender, 1999-2001



Analysis of firearm-related suicides by age group does not allow for calculations of rates in every age group due to frequencies less than 20. Therefore, it is impossible to determine statistical significance among the age groups (Table 41).

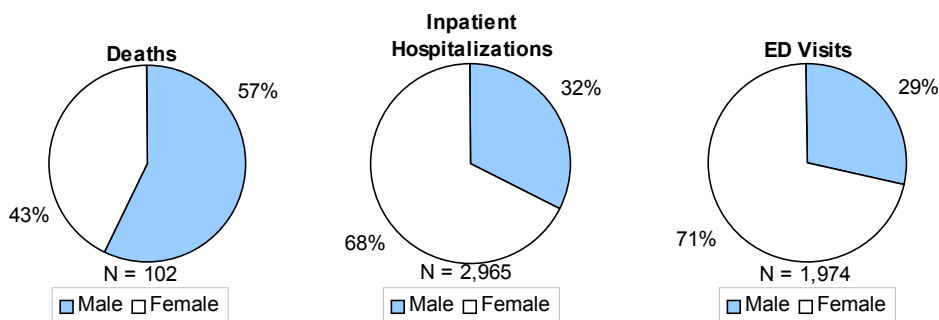
Table 40. Self-Inflicted Firearm Injury-Related Deaths by Age Group, 1999-2001

Age Group	Total
5 - 14	1
15 - 24	34
25 - 34	34
35 - 44	49
45 - 54	40
55 - 64	20
65 - 74	13
75 - 84	18
85 +	7
Total	216

Self-Inflicted Poisoning Injuries

Although there are more male than female poisoning-related suicides (57%), there are far more female inpatient hospitalizations and ED visits due to poisoning-related self-inflicted injuries. Females make up 68% of these hospitalizations and 71% of these ED visits (Figure 107).

Figure 107. Self-Inflicted Poisoning Injury-Related Deaths (1999-2001), Inpatient Hospitalizations (1997-2001), and ED Visits (1999-2001) by Gender



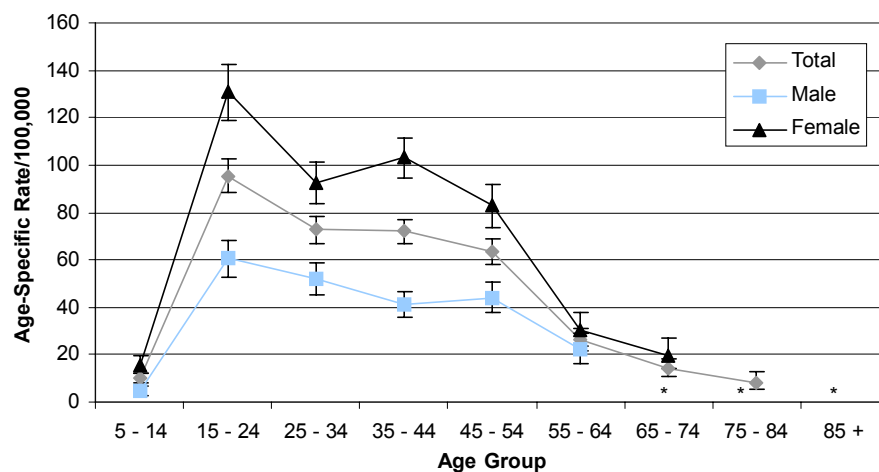
Analysis of poisoning-related suicides by age group does not allow for calculations of rates due to frequencies less than 20. Therefore, it is impossible to determine statistical significance between age groups (Table 41).

Table 41. Self-Inflicted Poisoning Injury-Related Deaths by Age Group, 1999-2001

Age Group	Total
5 - 14	0
15 - 24	8
25 - 34	18
35 - 44	34
45 - 54	29
55 - 64	7
65 - 74	3
75 - 84	2
85 +	1
Total	102

The highest rate for self-inflicted poisoning injury-related hospitalizations was among the 15 to 24 year old age group, at a rate of 95.3/100,000 (88.4 – 102.3) (Figure 108). Both the female and male rates follow a similar pattern to the overall rates. However, the female rates are significantly higher than the male rates in the age groups 15-24 through 45-54. The highest rate of inpatient hospitalizations was for the female 15-24 year age group at a rate of 130.7 (119.1 – 142.3).

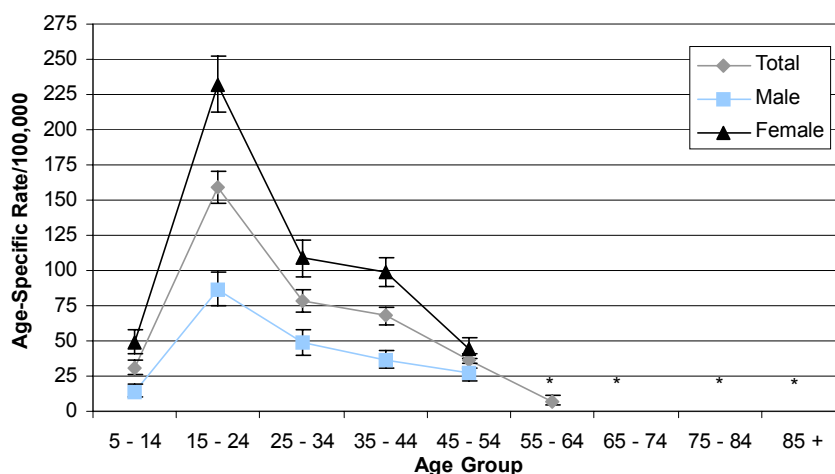
Figure 108. Self-Inflicted Poisoning Injury-Related Inpatient Hospitalization Rates by Age Group and Gender, 1997-2001



* Unable to calculate rate due to a frequency less than 20.

The highest rate for self-inflicted poisoning injury-related ED visits was among the 15 to 24 year old age group, at a rate of 158.9/100,000 (147.4 – 170.3) (Figure 109). Both the female and male rates follow a similar pattern to the overall rates. However, the female rates are significantly higher than the male rates in each of the age groups in which a rate can be calculated. The highest rate of inpatient hospitalizations was for the female 15-24 year age group at a rate of 232.4 (212.7 – 252.0).

Figure 109. Self-Inflicted Poisoning Injury-Related ED Visit Rates by Age Group and Gender, 1999-2001



* Unable to calculate rate due to a frequency less than 20.

The top poison types resulting in suicide completion are “Other and Unspecified drugs, medicaments, and biological substances” and “Other Gases and Vapors” (Table 42). Some examples of “Drug/Medicinal Substances” may be drugs affecting the cardiovascular system, systemic

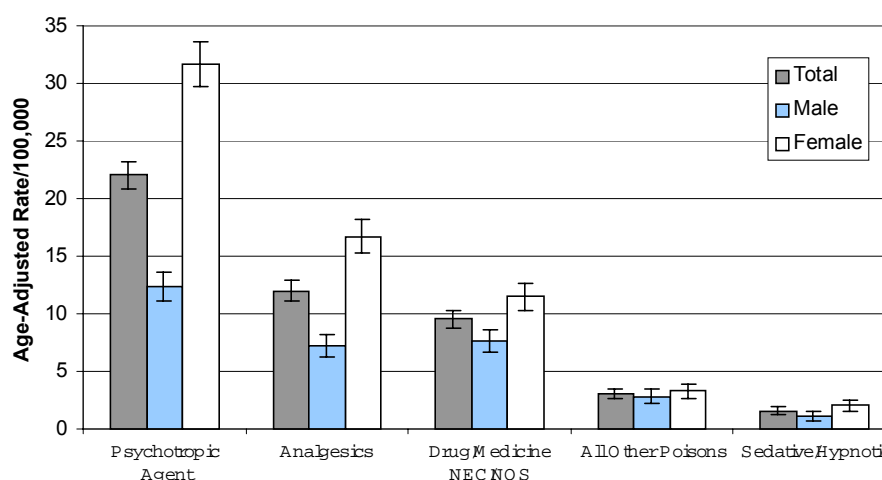
antibiotics, anaesthetics, and vaccines. Examples of “Gases and Vapors” may be carbon monoxide, motor vehicle exhaust gas, and utility gas. The 3rd leading type of poison resulting in suicide is “Antiepileptic, sedative-hypnotic, antiparkinsonism, and psychotropic drugs.”

Table 42. Self-Inflicted Poisoning Injury-Related Deaths by Poison Type, 1999-2001

Poison Groups	Total
Other and unspecified drugs, medicaments, and biological substances	34
Other gases and vapors	34
Antiepileptic, sedative-hypnotic, antiparkinsonism, and psychotropic drugs, nec	20
Narcotics and psychodysleptics [hallucinogens], nec	4
Other and unspecified chemicals and noxious substances	4
Nonopioid analgesics, antipyretics, and antirheumatics	4
Organic solvents and halogenated hydrocarbons and their vapors	1
Intentional self-poisoning (suicide) by and exposure to alcohol	1
Total	102

The most common poison type for self-inflicted poisoning injury-related inpatient hospitalizations is “Psychotropic Agent” with an age-adjusted rate of 22.0/100,000 (20.9 – 23.2), followed by “Analgesics” at a rate of 12.0 (11.1 – 13.6). The female rates for these two poison types are approximately twice that of the male rates (Figure 110).

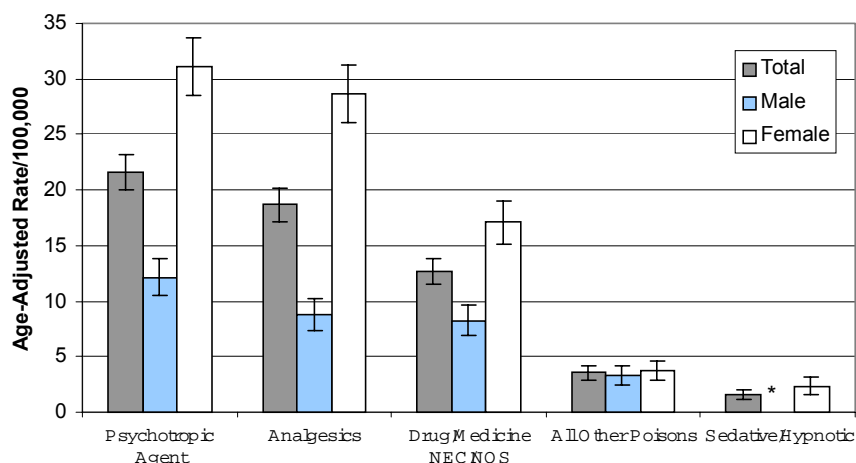
Figure 110. Self-Inflicted Poisoning Injury-Related Inpatient Hospitalization Rates by Poison Type, 1997-2001



The most common poison type for self-inflicted poisoning injury-related ED visits is “Psychotropic Agent” with an age-adjusted rate of 21.6/100,000 (20.1 – 23.2), followed by “Analgesics” at a rate of 18.7 (17.2

– 20.1). The female rates for these two poison types are more than two times that of the male rates (Figure 111).

Figure 111. Self-Inflicted Poisoning Injury-Related ED Visit Rates by Poison Type, 1999-2001



* Unable to calculate rate due to a frequency less than 20.

Most of the patients who are discharged from either an inpatient hospitalization or an ED visit for self-inflicted poisoning injuries are sent to “Home, self care” (Table 43 and Table 44). However, the second most common place for patients to go is to a psychiatric facility or psychiatric floor in an acute hospital facility (34.9% of inpatient hospitalizations and 12.0% of ED visits).

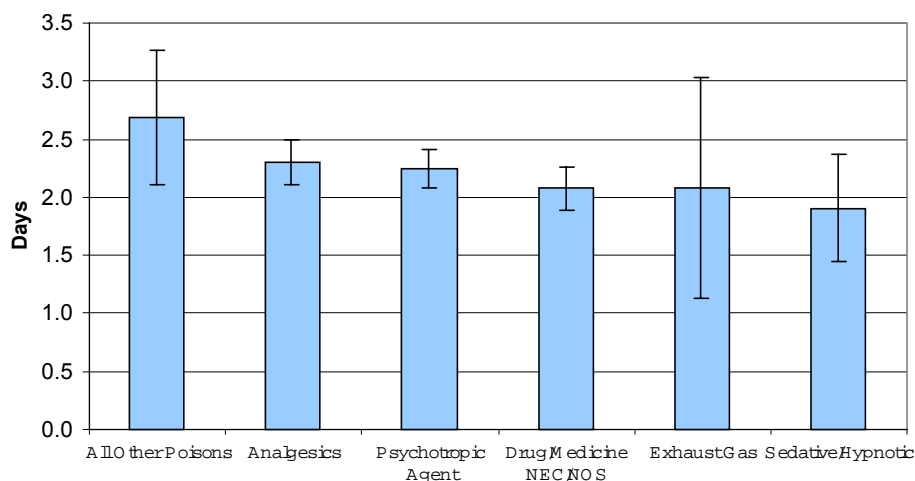
Table 43. Self-Inflicted Poisoning Injury-Related Inpatient Hospitalizations by Disposition, 1997-2001

Disposition	< 65	≥ 65
Home, self care	1,446	28
Transfer to psychiatric facility/psych in acute facility	1,003	32
Other short term hospital	183	5
Skilled nursing facility/structured/assisted living	108	3
Against medical advice	79	1
Home health service	33	7
Transfer to specialized facility	30	2
Intermediate care facility	3	2
Total	2,885	80

Table 44. Self-Inflicted Poisoning Injury-Related ED Visits by Disposition, 1999-2001

Disposition	< 65	≥ 65
Home, self care	1,492	6
Transfer to psychiatric facility/psych in acute facility	236	0
Other short term hospital	116	2
Skilled nursing facility/structured/assisted living	82	2
Against medical advice	20	0
Transfer to specialized facility	13	0
Home health service	2	0
Redirected to appropriate provider	2	0
Patient left before treatment	1	0
Total	1,964	10

The average length of stay in the hospital for the different poison types is approximately 1.9 to 2.7 days. However, the confidence intervals for each of the poison types overlap; therefore, the average lengths of stay do not differ significantly between the type of poison that caused the injury.

Figure 112. Average Length of Stay for Self-Inflicted Poisoning Injury-Related Inpatient Hospitalizations by Poison Type, 1997-2001

The average charge for poisoning-related inpatient hospitalizations varies for the different poison types, ranging from approximately \$6,000 to \$11,000 (Figure 113). The approximate range of average charges from ED visits is from \$1,050 to \$1,200 (Figure 114). However, in both instances, the confidence intervals for the charges overlap in such a manner that the averages for each poison type are not significantly different from one another.

Figure 113. Average Charges for Self-Inflicted Poisoning Injury-Related Inpatient Hospitalizations by Poison Type, 2001

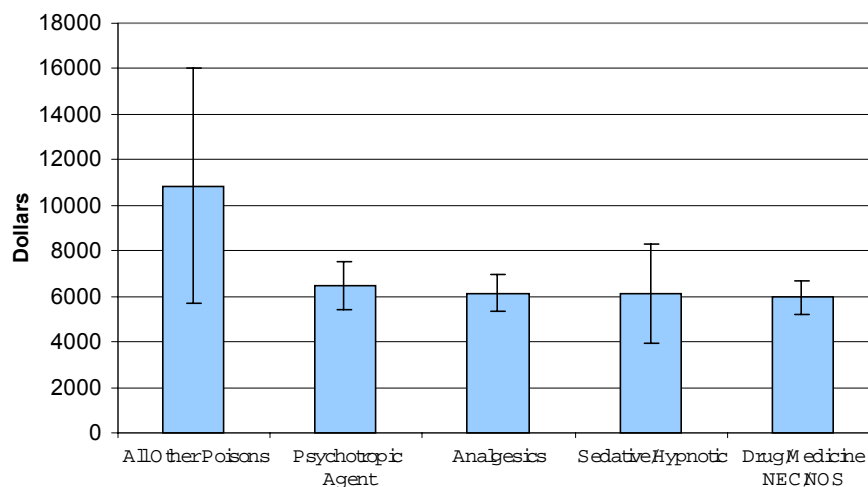
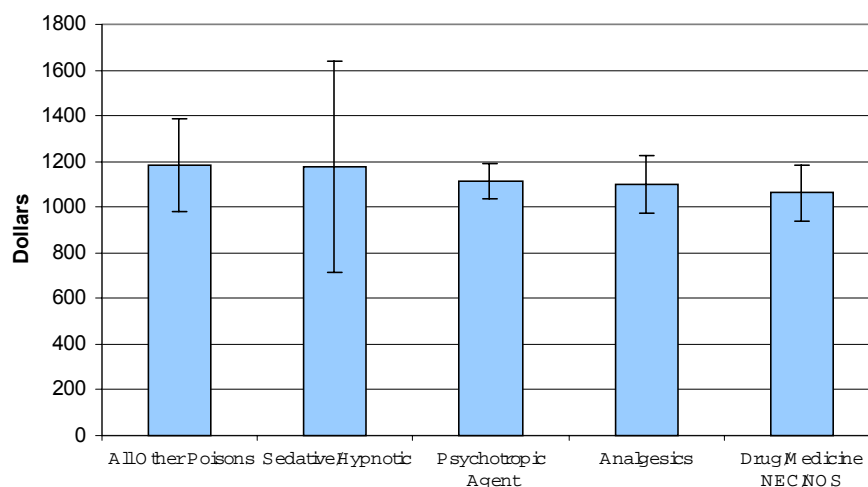


Figure 114. Average Charges for Self-Inflicted Poisoning Injury-Related ED Visits by Poison Type, 2001



The payer for charges accrued from an inpatient hospitalization and from an ED visit is primarily “Private/Other” (commercial insurance) and “Self pay” (Figure 115 and Figure 116). Medicaid and Medicare combined are the primary payers for approximately 1/3 of all inpatient hospitalizations and ED visits.

Figure 115. Self-Inflicted Poisoning Injury-Related Inpatient Hospitalizations by Payer-Type, 1997-2001

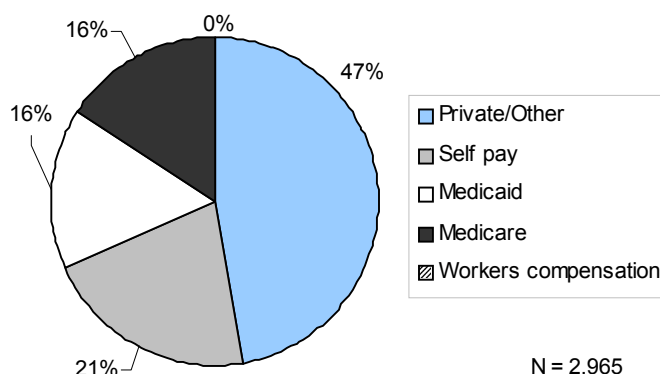
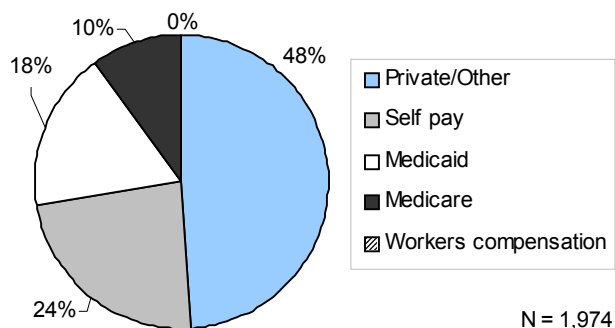


Figure 116. Self-Inflicted Poisoning Injury-Related ED Visits by Payer-Type, 1999-2001



The principal diagnosis of “Injuries and Poisoning” makes up a majority of the self-inflicted injury-related inpatient hospitalizations and ED visits (Table 45 and Table 47). However, 12.8% of the inpatient hospitalizations were coded with a psychiatric code as the principal diagnosis. Of these patients, 86.4% were sent home following their hospitalization and only 2.4% were sent to a psychiatric facility or psychiatric floor of an acute hospital facility (Table 46). Only 7.5% of the ED visit patients were coded with a psychiatric code as the principal diagnosis. Of these patients, 12.2% were sent to a psychiatric facility or psychiatric floor of an acute hospital facility (Table 48).

Table 45. Self-Inflicted Poisoning Injury-Related Inpatient Hospitalizations by Principal Diagnosis, 1997-2001

Principal Diagnosis	N
Injury and Poisoning	2,563
Psychiatric Code	381
Other	16
Nondependent Abuse of Drugs/Alcohol	5
Total	2,965

Table 46. Self-Inflicted Poisoning Injury-Related Inpatient Hospitalizations by Disposition of Patients with a Psychiatric Code in Principal Diagnosis Field, 1997-2001

Disposition of Patients with Psychiatric PrinDx	N
Home, self care	329
Against medical advice	17
Other short term hospital	11
Transfer to psychiatric facility/psych in acute facility	9
Skilled nursing facility/structured/assisted living	6
Transfer to specialized facility	5
Home health service	3
Intermediate care facility	1
Total	381

Table 47. Self-Inflicted Poisoning Injury-Related ED Visits by Principal Diagnosis, 1999-2001

Principal Diagnosis	N
Injury and Poisoning	1,791
Psychiatric Code	148
Other	24
Nondependent Abuse of Drugs/Alcohol	11
Total	1,974

Table 48. Self-Inflicted Poisoning Injury-Related ED Visits by Disposition of Patients with a Psychiatric Code in Principal Diagnosis Field, 1999-2001

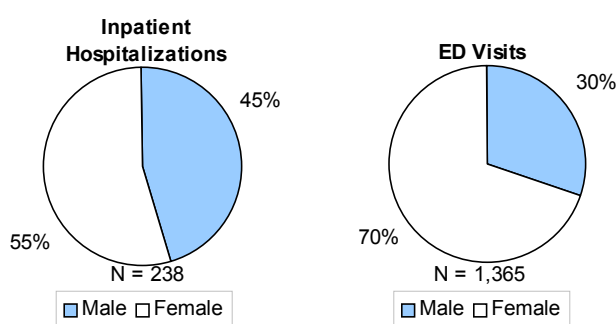
Disposition of Patients with Psychiatric PrinDx	N
Home, self care	112
Transfer to psychiatric facility/psych in acute facility	18
Skilled nursing facility/structured/assisted living	8
Other short term hospital	5
Against medical advice	3
Transfer to specialized facility	1
Home health service	1
Total	148

Self-Inflicted Cut/Pierce Injuries

There were not sufficient numbers to analyze the death (suicide) data from cut/pierce self-inflicted injuries. There were however, a large number of inpatient hospitalizations and even more emergency department (ED) visits.

Females make up the majority of the self-inflicted cut/pierce injuries. They account for 55% of the inpatient hospitalizations and 70% of the ED visits (Figure 117).

Figure 117. Self-Inflicted Cut/pierce Injury-Related Inpatient Hospitalizations (1997-2001) and ED Visits (1999-2001) by Gender



The frequency of inpatient hospitalizations for cut/pierce-related self-inflicted injuries does not allow for calculations of rates by age groups due to the small numbers per age group (Table 49).

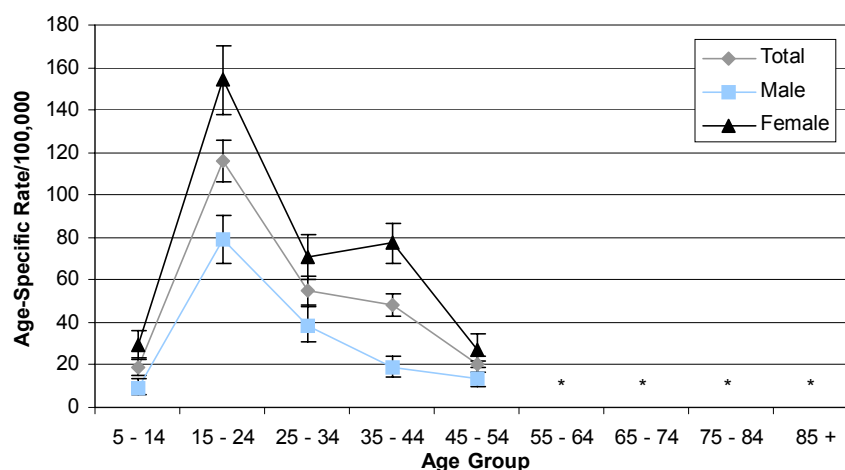
Table 49. Self-Inflicted Cut/pierce Injury-Related Inpatient Hospitalizations by Age Group, 1997-2001

Age Group	Total	Male	Female
5 - 14	0	0	0
15 - 24	49	18	31
25 - 34	66	37	29
35 - 44	77	28	49
45 - 54	30	19	11
55 - 64	4	2	2
65 - 74	5	2	3
75 - 84	5	1	4
85 +	2	1	1
Total	238	108	130

The highest rate for self-inflicted cut/pierce injury-related ED visits was among the 15 to 24 year old age group, at a rate of 116.2/100,000 (106.4 – 126.0) (Figure 118). Both the female and male rates follow a similar pattern to the overall rates. However, the female rates are significantly higher than the male rates in each of the age groups in which a rate can

be calculated. The highest rate of inpatient hospitalizations was for the female 15-24 year age group at a rate of 154.0 (138.0 – 170.0).

Figure 118. Self-Inflicted Cut/pierce Injury-Related ED Visit Rates by Age Group, 1999-2001



* Unable to calculate rate due to a frequency less than 20.

Most of the patients who are discharged from either an inpatient hospitalization or an ED visit for self-inflicted cut/pierce injuries are sent to “Home, self care” (Table 50 and Table 51). However, the second most common place for patients to go is to a psychiatric facility or psychiatric floor in an acute hospital facility (16.8% of inpatient hospitalizations and 11.0% of ED visits).

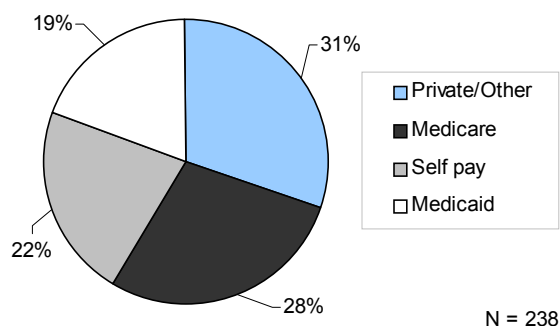
Table 50. Self-Inflicted Cut/pierce Injury-Related Inpatient Hospitalizations by Disposition, 1997-2001

Disposition	N
Home, self care	172
Transfer to psychiatric facility/psych in acute facility	40
Other short term hospital	8
Skilled nursing facility/structured/assisted living	7
Against medical advice	5
Home health service	3
Transfer to specialized facility	3
Total	238

Table 51. Self-Inflicted Cut/pierce Injury-Related ED Visits by Disposition, 1999-2001

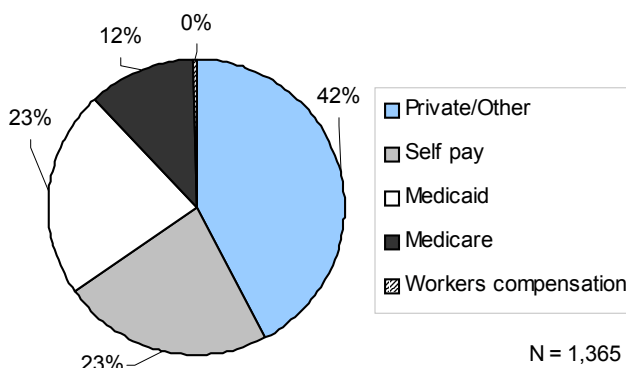
Disposition	N
Home, self care	1,113
Transfer to psychiatric facility/psych in acute facility	150
Other short term hospital	35
Skilled nursing facility/structured/assisted living	46
Against medical advice	11
Transfer to specialized facility	5
Patient left before treatment	2
Redirected to appropriate provider	3
Total	1,365

For inpatient hospitalizations due to cut/pierce self-inflicted injuries, the most common payer types are “Private/Other” (commercial insurance) and “Medicare” (Figure 119). This finding is rather misleading since it would appear as though there must be many elderly patients treated for this injury. However, as Table 49 showed, the numbers are fairly low for self-inflicted cut/pierce inpatient hospitalizations. Medicare covers the elderly patients (28%) and the younger population has their payer type divided between commercial insurance, Medicaid and self-pay (72%).

Figure 119. Self-Inflicted Cut/pierce Injury-Related Inpatient Hospitalizations by Payer-Type, 1997-2001

For ED visits due to cut/pierce self-inflicted injuries, the most common payer type is “Private/Other” (commercial insurance), followed by “Self pay” and “Medicaid”, respectively (Figure 120).

Figure 120. Self-Inflicted Cut/pierce Injury-Related ED Visits by Payer-Type, 1999-2001



The principal diagnosis of a psychiatric code makes up a majority (71%) of the inpatient hospitalizations due to self-inflicted cut/pierce injuries (Table 52). Of these patients, 86% were sent home following their hospitalization; only 5% were sent to a psychiatric facility or psychiatric floor of an acute hospital facility (Table 53). The principal diagnosis of “Injury and Poisoning” makes up a majority (78%) of the self-inflicted injury-related ED visits (Table 54). 19% of the ED visits are coded with a psychiatric code as the principal diagnosis. Of these patients, 78% were sent home following their ED visit and only 14% were sent to a psychiatric facility or psychiatric floor of an acute hospital facility (Table 55).

Table 52. Self-Inflicted Cut/pierce Injury-Related Inpatient Hospitalizations by Principal Diagnosis, 1997-2001

Principal Diagnosis	N
Psychiatric Code	169
Injury and Poisoning	61
Other	5
Nondependent Abuse of Drugs/Alcohol	3
Total	238

Table 53. Self-Inflicted Cut/pierce Injury-Related Inpatient Hospitalizations by Disposition of Patients with a Psychiatric Code in Principal Diagnosis Field, 1997-2001

Disposition for patients with Psychiatric Code	N
Home, self care	145
Transfer to psychiatric facility/psych in acute facility	9
Other short term hospital	4
Skilled nursing facility/structured/assisted living	4
Against medical advice	4
Home health service	2
Transfer to specialized facility	1
Total	169

Table 54. Self-Inflicted Cut/pierce Injury-Related ED Visits by Principal Diagnosis, 1999-2001

Principal Diagnosis	N
Injury and Poisoning	1,063
Psychiatric Code	263
Nondependent Abuse of Drugs/Alcohol	23
Other	16
Total	1,365

Table 55. Self-Inflicted Cut/pierce Injury-Related ED Visits by Disposition of Patients with a Psychiatric Code in Principal Diagnosis Field, 1999-2001

Disposition for patients with Psychiatric Code	N
Home, self care	206
Transfer to psychiatric facility/psych in acute facility	37
Skilled nursing facility/structured/assisted living	10
Other short term hospital	6
Transfer to specialized facility	2
Against medical advice	1
Redirected to appropriate provider	1
Total	263

New Hampshire Injury Prevention Resources

Assault Injury Prevention

New Hampshire Coalition on Media Violence

The New Hampshire Coalition on Media Violence was founded in 1996 to bring together organizations and individuals who are concerned about the issue of media violence and its effects on our culture. Its collective mission is to educate the public on media violence and ways in which everyone can address this concern.

For more information, please contact (603) 271-4700.

Safe and Drug-Free Schools

The Safe and Drug-Free Schools and Communities State Grant Program provides federal assistance to school districts and communities for the purpose of preventing violence in and around schools, as well as preventing and reducing the use of tobacco, alcohol, and other drugs by young people. At least 80% of the funds awarded to each state must be distributed to local school districts.

Safe and Drug-Free Schools Coordinator
NH Department of Education
(603) 271-3928
<http://www.ed.state.nh.us>

Governor's Safe and Drug-Free Schools and Communities Coordinator
NH Department of Health and Human Services
Division of Alcohol and Drug Prevention and Recovery
(603) 271-6100

New Hampshire Coalition Against Domestic and Sexual Violence

The New Hampshire Coalition Against Domestic and Sexual Violence is a statewide network of independent member programs committed to ending domestic and sexual violence. To that end they seek to:

- ensure that quality services are provided to victims/survivors of domestic and sexual violence;
- prevent future violence by educating the public;
- influence public policy;
- and encourage the provision of services for perpetrators.

The N.H. Coalition is comprised of 14 independent programs throughout the state that provide services to survivors of sexual assault and domestic violence. Their services are free, confidential, and available to all victims regardless of age, race, gender, religion, sexual orientation, physical ability, or financial status. The services include:

- Emergency shelter and transportation
- Legal advocacy in obtaining restraining orders against abusers
- Hospital, police, and court accompaniment
- Information about and help in obtaining public assistance

To contact a crisis center, call the statewide toll-free hotlines

Sexual Assault Hotline 1-800-277-5570

Domestic Violence Hotline 1-866-644-3574 (toll free)

Local Crisis Centers: <http://www.mv.com/ipusers/nhcadv/support.html>

General Injury Prevention

Concord Hospital's Injury Prevention Initiatives

Greater Concord Safe Community Coalition- This initiative is supported in part by Concord Hospital and New Hampshire Highway Safety Agency. Contact 603-230-1182 for more information.

- Safe Walk to School Initiative- a pedestrian safety awareness program
- Risk Watchtm- A school-based injury prevention curriculum
- Concord Police Citation Jacket Project - a public awareness project to decrease high risk driving behavior

Concord Hospital Car Seat Fitting Station- a monthly event held at the Learning Center on the hospital campus to check correct installation of car seats. Contact the Center for Health Promotion to schedule an appointment at 603-228-7240.

Child Passenger Safety information and education is available by contacting Education Services at 603-225-2711 ext 3115 or Injury Prevention at 603-230-1182.

Injury Prevention Presentations:

- Dare to Care for Teens- Alcohol Awareness and Traffic Safety Presentation
- Take Care for Seniors- Alcohol Awareness/ Traffic Safety/ Falls Prevention Presentation

Helmet Rx Program- program that supports bike helmet use through primary care providers and offers mechanism to purchase low cost bike helmets. Call 603-230-1182 for information.

Injury Prevention Center, Dartmouth Hitchcock Medical Center

The Injury Prevention Center's mission is to reduce injury death and disability by applying and facilitating research-based prevention and intervention efforts throughout NH. The Center focuses its activities on public and professional education and training services, dissemination of safety products and leading and working with coalitions with common interests including NH SAFE KIDS.

Injury Prevention Center
DHMC
1 Medical Center Drive
Lebanon, NH 03756
Phone: 603-653-1135
Fax: 603-653-1139
Email: ipc@dartmouth.edu

New Hampshire Brain Injury Association

The mission of the Brain Injury Association of New Hampshire is to improve the quality of life for survivors of brain injury and their families, and to support prevention programs. Prevention initiatives include “Think First”, a school-based brain and spinal cord injury prevention campaign, and programs that seek to increase helmet use during sports and other activities.

109 North State St., Ste. 2
Concord, NH 03301
Telephone: 603.225.8400
Fax: 603.228.6749
Helpline: 1-800.773.8400
Email: mail@bianh.org
Website: <http://www.bianh.org>

New Hampshire Department of Education

The New Hampshire Dept. of Education, Office of Safety and Driver Education is responsible for overseeing the educational aspects of driver education: curriculum, quality of delivery, educator certification, and educator professional development. In this regard, the office provides technical assistance to educators and school administrators in the form of mailings, workshops, class visits, and technical assistance.

Terry Tibbetts, Consultant
(603) 271-3869
ttibbetts@ed.state.nh.us
Kathryn Chateauneuf, Program Assistant
(603) 271-3868
kchateauneuf@ed.state.nh.us

New Hampshire Department of Safety, Bureau of Emergency Medical Services

The New Hampshire's Department of Safety, Bureau of Emergency Medical Services (EMS) is responsible for system of care focused on saving lives and speeding the healing of the residents and visitors, adults and children in the state who become ill or are injured outside of the hospital. This Bureau serves as the lead agency for New Hampshire's statewide Adult and Pediatric Trauma Care System. This system provides for trauma care coordination throughout the hospital and pre-hospital settings, including prevention, responses, education, evaluation and monitoring.

The New Hampshire Bureau of EMS is located at the Department of Safety, within the Division of Fire Standards and Training. The Bureau has eighteen employees, located in one central and four field offices. The Bureau has both a regulatory and technical assistance role. The five primary areas of function for the Bureau include:

- Education
- Field Services & Licensing
- Advanced Life Support
- Trauma System
- Research

The State of New Hampshire's EMS for Children Project is located at and operated by Dartmouth Medical School. This program has developed and manages projects related to childhood injury prevention, trauma system and trauma care, special medical needs and family centered care within our EMS System.

Office location and contact information is as follows:

All Offices – 1-888-827-5367

- Northern NH EMS Office, Berlin, NH – 603-752-7531
- Upper Valley EMS Office, Claremont, NH – 603-542-1863
- Central NH EMS Office – Richard M. Flynn Fire Academy, Concord, NH - 603-271-4568
- Southern NH EMS Office, Wilton, NH - 603-654-3788
- Seacoast EMS Office, Epping, NH – 603-679-5814
- EMS For Children Project, Lebanon, NH – 603-653-1131

New Hampshire Fish and Game Department

The New Hampshire Fish and Game Department is responsible for providing for Off Highway Recreational Vehicle (OHRV) Safety Education. The program

focuses on teaching children between the ages of 12 and 17 to ride safe and responsibly. Other forms of training are available upon request. To learn more about OHRV Safety Education Programs contact:

NH Fish and Game Law Enforcement Division

(603) 271-3129

e-mail: ohrv@wildlife.state.nh.us

website: <http://www.wildlife.state.nh.us/>

New Hampshire Intersections Collaborative

The NH Intersections Collaborative brings together professionals from public health, public safety, and emergency medical services. Areas of mutual interest and expertise include injury prevention, particularly related to motor vehicle and residential safety, interpersonal violence, emergency preparedness, environmental hazards, and infectious diseases.

New Hampshire Poison Information Center

The mission of the New Hampshire Poison Information Center (NHPIC) is to provide immediate access to high quality, comprehensive poison information for both the public and healthcare providers. This information is intended to foster prevention and appropriate management of poisonings with a continued goal of reducing morbidity, mortality, and health care costs within New Hampshire and Dartmouth Hitchcock Medical Center's service area. Call 1-800-222-1222 during a poisoning emergency.

NH SAFE KIDS

The NH SAFE KIDS Coalition's mission is to reduce deaths and disabilities resulting from unintentional injuries among those less than 19 years of age. The Coalition is chaired by staff at the Injury Prevention Center at Dartmouth and provides training and technical assistance to community-based initiatives. NH SAFE KIDS is actively working to establish local chapters of the statewide coalition to further support the ability of communities to enhance their injury prevention activities. Efforts are focused on child passenger safety, pedestrian safety, increasing helmet use and reducing sports-related injuries.

Contact NH SAFE KIDS at:

1-877-783-0432 or

<http://www.safekids.org> (National website)

Self-Inflicted Injury Prevention

Youth Suicide Prevention Assembly (YSPA)

Frameworks is a Suicide Curriculum Development Project. The aim of this NH Institute for Health Policy and Practice project is to develop and pilot test a curriculum to teach post-graduate social workers the core knowledge and skills needed to assess and manage a suicidal client. As part of this project a nationwide survey of post-graduate social workers will be conducted to assess their education about, knowledge of, and attitudes toward suicide as well as their

suggestions for what should be included in the course. The Principal Investigator for the grant is Barry Feldman, PhD, UNH Social Work Department.

Unintentional Fall Prevention

Dartmouth Hitchcock Medical Center (DHMC)

DHMC is located in Lebanon, NH, and comprises a 400-bed tertiary care hospital, an outpatient clinic for primary and specialty care, and the Dartmouth Medical School. The Center for Balance and Vestibular Rehabilitation, located in the outpatient department, has specially trained Physical Therapists who provide complete assessments and treatment for individuals with dizziness or balance problems to try to reduce falls and the risk for falls. DHMC also has a Falls Risk Reduction Task Force consisting of representatives from different departments within the hospital as well as individual practitioners in the Upper Valley. The Task Force goal is to coordinate efforts at all entry points into the health care system to screen and identify elderly individuals at risk for falling and to provide appropriate intervention. This is being done through community balance screens, educational sessions for the elderly, caregivers, and health professionals, and by providing a consistent screening tool and intervention plan to health care providers. For more information, please contact Dawna Pidgeon at 650-5978 or email dawna.m.pidgeon@hitchcock.org.

The Falls Risk Reduction Program of Rockingham Visiting Nurse Association and Hospice

This program is offered through the Rehabilitation Department to assess and reduce the incidence of falls in elderly and at-risk populations and consists of the following:

- A comprehensive evaluation performed by a physical therapist and an occupational therapist, with other disciplines consulted as needed,
- Education on falls risk reduction provided to patient and family members with appropriate environmental recommendations, and Educational programming available to providers, emergency departments, and other health facility personnel, first responders, and community groups/organizations.

For more information, contact Judy Nelson or Rebecca Bjorndan at (603) 772-2981 or 1-800-540-2981.

Lakes Region General Healthcare

80 Highland St.
Laconia, NH 03246

LRG Healthcare has a wide range of programs that can help to prevent a fall. Community Education works collaboratively with the Rehab Services Department in running community screenings and promoting the Medication Safety Program. They are also available to go to a community or group meeting for a free talk on Slips, Trips and Falls. For more information on available programs, please call (603) 527-2997 or toll-free 1-866-279-0391.

New Hampshire Celebrates Wellness (NHCW)

NHCW is a non-profit organization whose mission is to improve the health and well being of the people of New Hampshire. They accomplish this goal by mobilizing, training and supporting leaders from schools, worksites, older adult organizations, municipalities and communities to bring health initiatives back to their organizations and their communities. NHCW sponsors the Strong Living and Liveable, Walkable Communities Program. For more information, please call (603) 271-6888.

New Hampshire Division of Elderly and Adult Services (DEAS)

NH Department of Health and Human Services - The Division of Elderly and Adult Services provides a variety of social and long-term supports to adults age 60 and older and to adults between the ages of 18 and 60 who have a chronic illness or disability. These services range from home care, meals on wheels, care management, transportation assistance and assisted living to nursing home care. Legal support services, advocacy for disabled adults, information and assistance regarding Medicare, and information about volunteer opportunities are also important support services provided in the community by DEAS. All services and supports are intended to assist people to live as independently as possible in safety and with dignity.

A major partnership between DEAS and local communities is ServiceLink, a statewide network of community-based resources for seniors, adults living with disabilities and their families. ServiceLink partners promote the independence and well-being of the people they serve at thirteen primary locations and many satellites throughout NH. For more information, please contact (603) 271-4680.

New Hampshire Falls Risk Reduction Task Force

The NH Falls Risk Reduction Task Force, under the leadership of the state Injury Prevention Program, was formed in the year 2000 to address the issue of elderly falls. The Task Force has been involved in many different initiatives including, but not limited to:

- Promotion of a multi-factorial approach to falls risk reduction.
- Initiating and Completing of a community based, multifactorial assessment and intervention effort in a senior housing project in Lebanon,
- Implementing trainings advocating the use of multifactorial programming on a community level,
- Developing a fall risk reduction “kits” which contain many of the tools necessary for fall risk assessment and intervention strategies,
- Developing an educational program, “Slips, Trips, and Falls: Avoid Them All”. Separated into teaching modules, the program (which includes a presenter’s packet and participant handouts) can be used in a variety of settings and includes education on the various aspects of fall risk reduction. At its core is a large two-sided dollhouse built especially for the program. The SAFE HOUSE visually demonstrates a home, with an “unsafe” side and

a “safer” side. This educational program is available at no cost statewide, with or without the SAFE HOUSE, to professionals and the public,

- A social marketing campaign directed towards seniors. Based on information from over sixteen focus groups throughout the state, materials are being developed addressing the gaps in seniors’ knowledge on falls and fall risk reduction and their sense of the inevitability of falling,
- A collaboration with Senior Moments, an outgrowth of the Seacoast Repertory Theatre, to present a play on falls and fall risk reduction to senior audiences throughout the state, and
- Advocating routine screening for falls among primary health care providers with New Hampshire citizens 65 and older.

For more information, please call 1-800-852-3345, extension 4700 or 603-271-4700

Osteoporosis Prevention Program

NH Department of Health and Human Services. The mission of the New Hampshire Osteoporosis Prevention and Education Program is to reduce the incidence and complications of osteoporosis and osteopenia in New Hampshire by developing, implementing, and sustaining statewide osteoporosis initiatives. For more information, please contact Mindy Fitterman at 1-800-852-3345, extension 4830 or (603) 271-4830.

Salemhaven Nursing and Rehabilitation Center Salem, NH

Provides outpatient services for improving balance and preventing falls.

For more information, please contact Dianne Carrio at (603) 893-5586.

Unintentional Motor Vehicle Injury Prevention

Buckle-Up New Hampshire (BUNH)

The Buckle Up New Hampshire Coalition, chaired by the Injury Prevention Center, is a committee of highway safety advocates from many different disciplines in New Hampshire. The primary function is to serve as the lead for Buckle Up New Hampshire Week, generally held in late spring. The objective is to encourage all drivers and passengers in motor vehicles to use their seat belt every time they ride. The Coalition also works to educate parents and childcare providers about the appropriate selection and use of car seats and booster seats.

New Hampshire Child Passenger Safety Program at the Injury Prevention Center (IPC)

The IPC receives funding from the Department of Health and Human Services and the Highway Safety Agency to coordinate child passenger safety (CPS) programs statewide. The IPC organizes training programs to certify CPS technicians and instructors. The CPS program collaborates with technicians

throughout the state to maintain inspection stations and hold events where caregivers can have their child's safety seat inspected to ensure it is properly installed.

To find a technician to inspect a safety seat in NH call: 1-877-783-0432 or check <http://www.seatcheck.org/>

New Hampshire Department of Safety (DOS)

The Department of Safety (DOS) develops and assures compliance with the requirements for driver education programs. DOS also administers the required written, vision, and driving tests in order to receive any type of driving license.

James H. Hayes Safety Building
10 Hazen Drive
Concord, NH 03305
TDD Access: Relay NH 1-800-735-2964

New Hampshire Highway Safety Agency (NH HSA)

The NH Highway Safety Agency is the agency responsible for developing and implementing a statewide program designed to reduce traffic crashes and the resulting deaths, injuries and property damage. The NH HSA supports the above programs.

Peter M. Thomson, Coordinator
Pine Inn Plaza
117 Manchester Street
Concord, NH 03301-5101
603/271-2131
fax 603/271-3790
TDD Access: Relay NH 1-800-735-2964

Unintentional Poisoning Prevention

New Hampshire Childhood Lead Poisoning Prevention Program

The NH Childhood Lead Poisoning Prevention Program works to reduce the number of NH children with elevated blood lead levels. The program is a resource for NH residents who need help addressing the hazards of lead in their children's environment.

29 Hazen Drive
Concord, NH 03301
800-897-LEAD
leadinfo@dhhs.state.nh.us
<http://www.dhhs.state.nh.us/dhhs/clppp>

New Hampshire Poison Information Center

Dartmouth-Hitchcock Medical Center
One Medical Center Drive
Lebanon, NH 03756

Emergency Phone: 1-800-222-1222
Administrative Phone: (603) 650-6318
Fax: (603) 650-8986
Website: <http://www.hitchcock.org>

Unintentional Struck By Injury Prevention

Safety & Health Council of NH

The Safety & Health Council of New Hampshire is a not-for-profit, Accredited Chapter of the National Safety Council. SHCNH is New Hampshire's largest resource for workplace, highway, and home safety training and information.

Safety & Health Council of N.H.
163 Manchester St, Suite D
Concord, N.H., 03301
603-228-1401
1-800-834-6472
Fax: 603-224-0998
Email: info@shcnh.org
Website: <http://www.shcnh.org>

Technical Appendix

Age-adjusted Rates¹

Age-adjusted or standardized rates are calculated so that rates from populations with different age distributions are comparable. For example, if two counties are compared for rates of fall deaths and one of the counties has a higher percentage of elderly adults, the county with the higher percentage of elderly will probably show higher rates of fall deaths as a result of the different age distribution alone. Standardization makes the two populations look similar in regards to age distribution. This makes it easier to know if there is a difference in rates that is not totally explained by differences in age distribution.

To accomplish this, a “standard” population is chosen. The standard population used in this report is the US Census 2000 population. For each age group in the standard population, a proportion of the total population is calculated. For example, the 0-4 age group comprises .069136 of the total US population in 2000. These proportions are calculated so that the sum of proportions equals 1.0. For each age group, the age group proportion is multiplied times the age-specific rate of the population of interest. Basically, this proportion is used to “weight” the age-specific rate calculated for the population of interest. Once the age-specific rates are “weighted”, all weighted age-specific rates are summed and the result is the standardized rate. Standardized rates can be compared to each other as long as the same standard population is used for each calculation.

More generally, the calculation is as follows:

$$R'' = \sum w_i R_i = \text{standardized rate (per 100,000)}$$

where

w_i = i^{th} age specific population proportion in the standard population such that $\sum (w_i) = 1.0$

R_i = age-specific rate (per 100,000) for the i^{th} age group.

D_i = total number of events for the i^{th} age group upon which age-specific rate is based.

¹ Portions of this section were written by David Reichel, MPH, Bureau of Health Statistics and Data Management

Confidence Interval Calculations

To allow comparison of statistics, confidence intervals were calculated at the 95% level. Where possible these are presented on charts and graphs in this report. The methods used were based on those used by the National Center for Health Statistics at the Centers for Disease Control and Prevention in their reports on death (refer to NCHS reports on deaths for further explanation).

Confidence intervals for **age specific rates** are calculated in the following way. When the number of events the rate is based on is 100 or greater than the following formula is used:

$$\text{Lower 95\% limit} = R - (1.96 * R / \sqrt{D})$$

$$\text{Upper 95\% limit} = R + (1.96 * R / \sqrt{D})$$

where

R = the rate

D = the number of deaths or hospitalizations in the rate

When the number of events is less than 100, the Poisson distribution is used to estimate the confidence interval:

$$\text{Lower 95\% limit} = R * L$$

$$\text{Upper 95\% limit} = R * U$$

where

R = the birth rate

L and U = values in a table derived from the Poisson distribution for the 95% level.

The confidence interval calculation for **age-adjusted rates** is the same for rates based on fewer than 100 events. When based on more than 100 events a different procedure is used that is more complex.

$$\text{Lower 95\% limit} = R'' - (1.96 * S(R''))$$

$$\text{Upper 95\% limit} = R'' + (1.96 * S(R''))$$

where

R'' = standardized rate per 100,000

$$S(R'') = \sqrt{\left(\sum (w_i^2 R_i^2 \left(\frac{1}{D_i} \right)) \right)}$$

$w_i = i^{th}$ age specific population proportion in the standard population such that $\sum (w_i) = 1.0$

R_i = age-specific rate (per 100,000) for the i^{th} age group.

D_i = total number of events for the i^{th} age group upon which age-specific rate is based.

Injury Matrices

The following pages show the injury matrices used for grouping injury data into universal categories such as unintentional falls, cut/pierce assaults, and self-inflicted poisonings. The first injury matrix is used with the ICD-9-CM coding manual. Therefore, this matrix is used when analyzing death data prior to 1999 or for current hospital data. The second injury matrix is used with the ICD-10 coding manual and is used only for the death data from 1999 and on. For this report, the ICD-9-CM injury matrix was used for all of the inpatient hospitalization and emergency department analyses. The ICD-10 injury matrix was used for all of the death data analyses.

Both injury matrices are used as a classification tool. Across the top of both matrices the intent of the injury is categorized in columns (Unintentional, Self-Inflicted,...). Down the left side, the injury mechanisms/causes are listed in rows. To determine the codes for an unintentional fall hospitalization, the analyst would first look for the fall category row on the left side and then look across to find the unintentional column. The appropriate codes are found where the column and row intersect. In this example, the codes would be E880.0-E886.9 and E888.

Recommended framework of E-code groupings for presenting injury mortality and morbidity data from ICD-9-CM (May 15, 2003)

Mechanism/Cause	Manner/Intent				
	Unintentional	Self-inflicted	Assault	Undetermined	Other ¹
Cut/pierce	E920.0-.9	E956	E966	E986	E974
Drowning/submersion	E830.0-.9, E832.0-.9 E910.0-.9	E954	E964	E984	
Fall	E880.0-E886.9, E888	E957.0-.9	E968.1	E987.0-.9	
Fire/burn	E890.0-E899, E924.0-.9	E958.1,.2,.7	E961, E968.0,.3	E988.1,.2,.7	
Fire/flame	E890.0-E899	E958.1	E968.0	E988.1	
Hot object/substance	E924.0-.9	E958.2,.7	E961, E968.3	E988.2,.7	
Firearm	E922.0-.3,.8,.9	E955.0-.4	E965.0-.4	E985.0-.4	E970
Machinery	E919 (.0-.9)				
Motor vehicle traffic ^{2,3}	E810-E819 (.0-.9)	E958.5	E968.5	E988.5	
Occupant	E810-E819 (.0,.1)				
Motorcyclist	E810-E819 (.2,.3)				
Pedal cyclist	E810-E819 (.6)				
Pedestrian	E810-E819 (.7)				
Unspecified	E810-E819 (.9)				
Pedal cyclist, other	E800-E807 (.3) E820-E825 (.6), E826.1,.9 E827-E829(.1)				
Pedestrian, other	E800-807(.2) E820-E825(.7) E826-E829(.0)				
Transport, other	E800-E807 (.0,.1,.8,.9) E820-E825 (.0-.5,.8,.9) E826.2-.8 E827-E829 (.2-.9), E831.0-.9, E833.0-E845.9	E958.6		E988.6	
Natural/environmental	E900.0-E909, E928.0-.2	E958.3		E988.3	
Bites and stings ³	E905.0-.6,.9 E906.0-.4,.5,.9				
Overexertion	E927				
Poisoning	E850.0-E869.9	E950.0-E952.9	E962.0-.9	E980.0-E982.9	E972
Struck by, against	E916-E917.9		E960.0; E968.2		E973, E975
Suffocation	E911-E913.9	E953.0-.9	E963	E983.0-.9	
Other specified and classifiable ⁴	E846-E848, E914-E915 E918, E921.0-.9, E922.4,5 E923.0-.9, E925.0-E926.9 E928.3, E929.0-.5	E955.5,.6,.7,.9 E958.0,.4	E960.1, E965.5-.9 E967.0-.9, E968.4,.6,.7 E979.0-.9	E985.5,.6,.7 E988.0,.4	E971, E978, E990-E994, E996 E997.0-.2
Other specified, not elsewhere classifiable	E928.8, E929.8	E958.8, E959	E968.8, E969	E988.8, E989	E977, E995, E997.8 E998, E999
Unspecified	E887, E928.9, E929.9	E958.9	E968.9	E988.9	E976, E997.9
All injury	E800-E869, E880-E929	E950-E959	E960-E969, E979	E980-E989	E970-E978, E990-E999

Adverse effects					E870-E879 E930.0-E949.9
Medical care					E870-E879
Drugs					E930.0-E949.9
All external causes					E800-E999

¹Includes legal intervention (E970-E978) and operations of war (E990-E999).

²Three 4th-digit codes (.4 [occupant of streetcar], .5 [rider of animal], .8 [other specified person]) are not presented separately because of small numbers. However, because they are included in the overall motor vehicle traffic category, the sum of these categories can be derived by subtraction.

³E968.5 (assault by transport vehicle), E906.5 (bite from unspecified animal), E922.4 (unintentional injury [gunshot wound] with BB/pellet), E955.6 (suicide attempt/intentionally self-inflicted injury [gunshot wound] with BB/pellet gun), E968.6 (assault [gunshot wound] with BB/pellet gun), E985.6 (undetermined intent injury [gunshot wound] with BB/pellet gun), E928.3 (unintentional human bite), and E968.7 (assault by human bite), are specific to the *ICD-9-CM* and, therefore, only apply to morbidity coding.

⁴E849 (place of occurrence) has been excluded from the matrix. For mortality coding, an *ICD-9* E849 code does not exist. For morbidity coding, an *ICD-9-CM* E849 code should never be first-listed E code and should only appear as an additional code to specify the place of occurrence of the injury incident.

Note: ICD-9 E codes for coding underlying cause of death apply to injury-related death data from 1979 through 1998. Then there is a new ICD-10 external cause of injury matrix that applies to death data from 1999 and after. This can be found on the National Center for Health Statistics website.

Recommended framework of E-code groupings for presenting injury mortality data from ICD-10 (1999- 2003)

Mechanism/Cause	Manner/Intent					
	All injury	Unintentional	Suicide	Homicide	Undetermined	Legal intervention/ war
All injury	V01-Y36, Y85-Y87, Y89, *U01-*U03	V01-X59, Y85-Y86	X60-X84,Y87.0, *U03	X85-Y09,Y87.1,*U01- *U02	Y10-Y34,Y87.2, Y89.9	Y35-Y36, Y89(.0, .1)
Cut/pierce	W25-W29, W45, X78, X99, Y28, Y35.4	W25-W29, W45	X78	X99	Y28	Y35.4
Drowning	W65-W74, X71, X92, Y21	W65-W74	X71	X92	Y21	
Fall	W00-W19, X80, Y01, Y30	W00-W19	X80	Y01	Y30	
Fire/ hot object or substance	X00-X19, X76-77, X97-X98, Y26-Y27, Y36.3, *U01.3	X00-X19	X76-X77	X97-X98,*U01.3	Y26-Y27	Y36.3
Fire/flame	X00-X09, X76, X97, Y26	X00-X09	X76	X97	Y26	
Hot object/substance	X10-X19, X77, X98, Y27	X10-X19	X77	X98	Y27	
Firearm	W32-W34, X72-X74, X93-X95, Y22-Y24, Y35.0, *U01.4	W32-W34	X72-X74	X93-X95, *U01.4	Y22-Y24	Y35.0
Machinery	W24, W30-W31	W24, W30-W31				
All Transport	V01-V99, X82, Y03, Y32, Y36.1, *U01.1	V01-V99	X82	Y03, *U01.1	Y32	Y36.1
Motor Vehicle Traffic						
	V30-V39 (.4-.9)	V30-V39 (.4-.9)				
	V40-V49 (.4-.9)	V40-V49 (.4-.9)				
	V50-V59 (.4-.9)	V50-V59 (.4-.9)				
	V60-V69 (.4-.9)	V60-V69 (.4-.9)				
	V70-V79 (.4-.9)	V70-V79 (.4-.9)				
Occupant	V83-V86 (.0-.3)	V83-V86 (.0-.3)				
Motorcyclist	V20-V28 (.3-.9), V29 (.4-.9)	V20-V28 (.3-.9), V29 (.4-.9)				
Pedal cyclist	V12-V14 (.3-.9), V19 (.4-.6)	V12-V14 (.3-.9), V19 (.4-.6)				
Pedestrian	V02-V04 (.1, .9) V09.2	V02-V04 (.1, .9) V09.2				
Other	V80 (.3-.5), V81.1, V82.1	V80 (.3-.5), V81.1, V82.1				
Unspecified	V87(.0-.8), V89.2	V87(.0-.8), V89.2				
Pedal cyclist, other	V10-V11, V12-V14 (.0-.2)	V10-V11, V12-V14 (.0- .2)				
	V15-V18, V19 (.0-.3, .8, .9)	V15-V18, V19 (.0-.3, .8, .9)				
Pedestrian, other	V01, V02-V04 (.0), V05, V06,	V01, V02-V04 (.0), V05, V06,				
Other land transport	V09 (.0,.1,.3,.9)	V09 (.0,.1,.3,.9)				
	V20-V28 (.0-.2), V29 (.0-.3)	V20-V28 (.0-.2), V29 (.0-.3)				
	V30-V39 (.0-.3)	V30-V39 (.0-.3)				
	V40-V49 (.0-.3)	V40-V49 (.0-.3)				
	V50-V59 (.0-.3)	V50-V59 (.0-.3)				
	V60-V69 (.0-.3)	V60-V69 (.0-.3)				

Mechanism/Cause	Manner/Intent					
	All injury	Unintentional	Suicide	Homicide	Undetermined	Legal intervention/war
	V70-V79 (.0-.3)	V70-V79 (.0-.3)				
	V80 (.0-.2, .6-.9)	V80 (.0-.2, .6-.9)				
	V81-V82 (.0-.2-.9)	V81-V82 (.0-.2-.9)				
	V83-V86 (.4-.9)	V83-V86 (.4-.9)				
	V87.9	V87.9				
	V88 (.0-.9)	V88 (.0-.9)				
	V89 (.0, .1, .3, .9), X82, Y03, Y32	V89 (.0, .1, .3, .9)	X82	Y03	Y32	
Other Transport	V90-V99, Y36.1, *U01.1	V90-V99		U01.1		Y36.1
Natural /environmental	W42, W43, W53-W64	W42, W43, W53-W64				
	W92-W99, X20-X39, X51-X57	W92-W99, X20-X39, X51-X57				
Overexertion	X50	X50				
Poisoning	X40-X49, X60-X69, X85-X90, Y10-Y19, Y35.2, *U01(.6-.7)	X40-X49	X60-X69	X85-X90, *U01.6-.7	Y10-Y19	Y35.2
Struck by or against	W20-W22, W50-W52, X79, Y00, Y04, Y29, Y35.3	W20-W22, W50-W52	X79	Y00, Y04	Y29	Y35.3
Suffocation	W75-W84, X70, X91, Y20	W75-W84	X70	X91	Y20	
Other specified, classifiable	W23, W35-W41, W44, W49, W85-W91, Y85,	W23, W35-W41, W44	X75, X81, *U03.0	X96, Y02, Y05-Y07,	Y25, Y31	Y35(.1, .5) Y36(.0, .2, .4-.8)
	X75, X81, X96, Y02, Y05-Y07, Y25, Y31, Y35(.1, .5), Y36(.0, .2, .4-.8), *U01.0, .2, .5, *U03.0	W49 W85-W91, Y85		U01.0, .2, .5		
Other specified, nec	X58, Y86, X83, Y87.0, Y08, Y87.1, Y33, Y87.2, Y35.6, Y89(.0, .1), *U01.8, *U02	X58, Y86	X83, Y87.0	Y08, Y87.1, *U01.8, *U02	Y33, Y87.2	Y35.6, Y89 (.0, .1)
Unspecified	X59, X84, Y09, Y34, Y89.9, Y35.7, Y36.9, *U01.9, *U03.9	X59	X84, *U03.9	Y09, *U01.9	Y34, Y89.9	Y35.7 Y36.9
Adverse effects	Y40-Y59, Y60-Y84, Y88					
Drugs	Y40-Y59, Y88.0					
Medical care	Y60-Y84, Y88(.1-.3)					

Notes: This framework was developed to be consistent with the framework developed based on ICD-9 external

cause of injury codes as published in <http://www.cdc.gov/mmwr/PDF/rr/rr4614.pdf>

Drowning is the one external cause that has been redefined in this matrix. Codes for water transportation-related drowning, V90 and V92, are

included in the transportation codes rather than with the drowning codes. In the ICD-9 version of the matrix, the

comparable codes, E830 and E832, were included with drowning. This change was made to be consistent with other mechanisms involved with water transport-related injuries.

In this version, V81.1 and V81.2 were moved from the row for motor vehicle traffic- occupant to the row for motor vehicle traffic- other.

This version also contains the new ICD-10 codes for terrorism. The codes are bolded and are preceded with **. See http://www.cdc.gov/nchs/about/otheract/icd9/terrorism_code.htm

Prepared by Lois Fingerhut, Centers for Disease Control and Prevention, 12/10/2002

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Tabular Appendix

The appendix tables included give more detailed information to complement the figures found in the narrative of the report. The tables are arranged in a similar manner to the narrative for ease of use. Where possible, rates and confidence intervals were calculated based on the population data found in these tables.

The population estimate used in the death and ED visit analyses was the 1990 and 2000 US Census data by age group interpolated to mid-point of the three-year average. The population estimate used in the inpatient hospitalization analyses was the 1990 and 2000 US Census data by age group interpolated to mid-point of the five-year average.

It is important to note that out-of-state hospitalizations are not included in these analyses and this tends to lower the state rates slightly.

Table 1. Unintentional Injury-Related Death Rates by Age Group and Gender, 1999-2001	127
Table 2. Unintentional Injury-Related Death Rates by Mechanism/Cause and Gender, 1999-2001	128
Table 3. Unintentional Injury-Related Inpatient Hospitalization Rates by Age Group and Gender, 1997-2001	129
Table 4. Unintentional Injury-Related Inpatient Hospitalization Rates by Mechanism/Cause, 1997-2001	130
Table 5. Average Length of Stay for Unintentional Injury-Related Inpatient Hospitalizations by Mechanisms/Causes of Injury, 1997-2001	131
Table 6. Average Charges for Unintentional Injury-Related Inpatient Hospitalizations by Mechanisms/Causes of Injury, 2001	131
Table 7. Unintentional Injury-Related ED Visit Rates by Age Group and Gender, 1999-2001	132
Table 8. Unintentional Injury-Related ED Visit Rates by Mechanism/Cause, 1999-2001	133
Table 9. Average Charges for Unintentional Injury-Related ED Visits by Mechanism/Cause, 2001	134
Table 10. Unintentional Fall Injury-Related Inpatient Hospitalization Rates by Age Group and Gender, 1997-2001	135
Table 11. Unintentional Fall Injury-Related ED Visit Rates by Age Group and Gender, 1999-2001	136
Table 12. Unintentional Fall Injury-Related Inpatient Hospitalization Rates by Fall Mechanism, 1997-2001	137
Table 13. Unintentional Fall Injury-Related ED Visit Rates by Fall Mechanism, 1999-2001	138
Table 14. Average Length of Stay for Unintentional Fall Injury-Related Inpatient Hospitalizations by Fall Mechanism, 1997-2001	138

Table 15. Average Charges for Unintentional Fall Injury-Related Inpatient Hospitalizations by Fall Mechanism, 2001	138
Table 16. Average Charges for Unintentional Fall Injury-Related ED Visits by Fall Mechanism, 2001	139
Table 17. Unintentional Motor Vehicle Traffic Injury-Related Death Rates by Age Group and Gender, 1999-2001	139
Table 18. Unintentional Motor Vehicle Traffic Injury-Related Inpatient Hospitalization Rates by Age Group and Gender, 1997-2001	140
Table 19. Unintentional Motor Vehicle Traffic Injury-Related ED Visit Rates by Age Group and Gender, 1999-2001	141
Table 20. Unintentional Motor Vehicle Traffic Injury-Related Death Rates by Traffic Type and Gender, 1999-2001	142
Table 21. Unintentional Motor Vehicle Traffic Injury-Related Inpatient Hospitalization Rates by Traffic Type and Gender, 1997-2001	142
Table 22. Unintentional Motor Vehicle Traffic Injury-Related ED Visit Rates by Traffic Type and Gender, 1999-2001	143
Table 23. Average Length of Stay for Unintentional Motor Vehicle Traffic Injury-Related Inpatient Hospitalizations by Traffic Type, 1997-2001	143
Table 24. Average Charges for Unintentional Motor Vehicle Traffic Injury-Related Inpatient Hospitalizations by Traffic Type, 2001	143
Table 25. Average Charges for Unintentional Motor Vehicle Traffic Injury-Related ED Visits by Traffic Type, 2001	143
Table 26. Unintentional Overexertion Injury-Related Inpatient Hospitalization Rates by Age Group and Gender, 1997-2001	144
Table 27. Unintentional Overexertion Injury-Related ED Visit Rates by Age Group and Gender, 1999-2001	145
Table 28. Unintentional Poisoning Injury-Related Inpatient Hospitalization Rates by Age Group and Gender, 1997-2001	146
Table 29. Unintentional Poisoning Injury-Related ED Visit Rates by Age Group and Gender, 1999-2001	147
Table 30. Unintentional Poisoning Injury-Related Inpatient Hospitalization Rates by Poison Type and Gender, 1997-2001	148
Table 31. Unintentional Poisoning Injury-Related ED Visit Rates by Poison Type and Gender, 1999-2001	149
Table 32. Average Length of Stay for Unintentional Poisoning Injury-Related Inpatient Hospitalizations by Poison Type, 1997-2001	149
Table 33. Average Charges for Unintentional Poisoning Injury-Related Inpatient Hospitalizations by Poison Type, 2001	149
Table 34. Average Charges for Unintentional Poisoning Injury-Related ED Visits by Poison Type, 2001	150
Table 35. Unintentional Struck by/Against Injury-Related Inpatient Hospitalization Rates by Age Group, 1997-2001	150
Table 36. Unintentional Struck by/Against Injury-Related ED Visit Rates by Age Group and Gender, 1999-2001	151
Table 37. Unintentional Struck by/Against Injury-Related Inpatient Hospitalization Rates by Top Three Mechanisms/Causes, 1997-2001	151
Table 38. Unintentional Struck by/Against Injury-Related ED Visit Rates by Mechanism/Cause, 1999-2001	152
Table 39. Average Length of Stay for Unintentional Struck by/Against Injury-Related Inpatient Hospitalizations by Mechanism, 1997-2001	152

Table 40. Average Charges for Unintentional Struck by/Against Injury-Related Inpatient Hospitalizations by Mechanism, 2001	152
Table 41. Average Charges for Unintentional Struck by/Against Injury-Related ED Visits by Mechanism, 2001	152
Table 42. Assault Injury-Related Inpatient Hospitalization Rates by Age Group, 1997-2001	153
Table 43. Assault Injury-Related Inpatient Hospitalization Rates by Mechanism/Cause, 1997-2001	153
Table 44. Average Length of Stay for Assault Injury-Related Inpatient Hospitalizations by Mechanism/Cause, 1997-2001	153
Table 45. Average Charges for Assault Injury-Related Inpatient Hospitalizations by Mechanism/Cause, 2001	153
Table 46. Assault Injury-Related ED Visit Rates by Age Group, 1999-2001	154
Table 47. Assault Injury-Related ED Visit Rates by Mechanism/Cause, 1999-2001	155
Table 48. Average Charges for Assault Injury-Related ED Visits by Mechanism/Cause, 2001	155
Table 49. Assault Struck by/Against Injury-Related ED Visit Rates by Age Group, 1999-2001	156
Table 50. Assault Struck by/Against Injury-Related Inpatient Hospitalization Rates by Mechanism, 1997-2001	156
Table 51. Assault Struck by/Against Injury-Related ED Visit Rates by Mechanism, 1999-2001	156
Table 52. Average Length of Stay for Assault Struck by/Against Injury-Related Inpatient Hospitalizations by Mechanism, 1997-2001	157
Table 53. Average Charges for Assault Struck by/Against Injury-Related Inpatient Hospitalizations by Mechanism, 2001	157
Table 54. Average Charges for Assault Struck by/Against Injury-Related ED Visits by Mechanism/Cause, 2001	157
Table 55. Self-Inflicted Injury-Related Death Rates by Age Group, 1999-2001	157
Table 56. Self-Inflicted Injury-Related Inpatient Hospitalization Rates by Age Group and Gender, 1997-2001	158
Table 57. Self-Inflicted Injury-Related Inpatient Hospitalizations by Mechanism/Cause, 1997-2001	158
Table 58. Self-Inflicted Injury-Related Inpatient Hospitalization Rates by Mechanism/Cause, 1997-2001	159
Table 59. Average Length of Stay for Self-Inflicted Injury-Related Inpatient Hospitalizations by Mechanism/Cause, 1997-2001	159
Table 60. Average Charge for Self-Inflicted Injury-Related Inpatient Hospitalizations by Mechanism/Cause, 2001	159
Table 61. Self-Inflicted Injury-Related ED Visit Rates by Age Group and Gender, 1999-2001	160
Table 62. Self-Inflicted Injury-Related ED Visits by Mechanism/Cause, 1999-2001	160
Table 63. Self-Inflicted Injury-Related ED Visit Rates by Mechanism/Cause, 1999-2001	161
Table 64. Average Charge for Self-Inflicted Injury-Related ED Visits by Mechanism/Cause, 2001	161
Table 65. Self-Inflicted Firearm Injury-Related Deaths by Age Group, 1999-2001	161
Table 66. Self-Inflicted Poisoning Injury-Related Deaths by Age Group, 1999-2001	161
Table 67. Self-Inflicted Poisoning Injury-Related Inpatient Hospitalization Rates by Age Group and Gender, 1997-2001	162

Table 68. Self-Inflicted Poisoning Injury-Related ED Visit Rates by Age Group and Gender, 1999-2001	163
Table 69. Self-Inflicted Poisoning Injury-Related Inpatient Hospitalization Rates by Poison Type, 1997-2001	164
Table 70. Self-Inflicted Poisoning Injury-Related ED Visit Rates by Poison Type, 1999-2001	164
Table 71. Average Length of Stay for Self-Inflicted Poisoning Injury-Related Inpatient Hospitalizations by Poison Type, 1997-2001	165
Table 72. Average Charges for Self-Inflicted Poisoning Injury-Related Inpatient Hospitalizations by Poison Type, 2001	165
Table 73. Average Charges for Self-Inflicted Poisoning Injury-Related ED Visits by Poison Type, 2001	165
Table 74. Self-Inflicted Cut/pierce Injury-Related ED Visit Rates by Age Group and Gender, 1999-2001	166

Table 1. Unintentional Injury-Related Death Rates by Age Group and Gender, 1999-2001

Age Group	Total	3-Year NH Population	Age-Specific Rate/100,000	95% Confidence Interval
< 1	3	42,018	*	(*, *)
1 - 4	12	185,037	*	(*, *)
5 - 9	13	265,611	*	(*, *)
10 - 14	24	279,765	8.6	(5.5 , 12.8)
15 - 19	71	260,064	27.3	(21.3 , 34.4)
20 - 24	78	206,298	37.8	(29.9 , 47.2)
25 - 29	54	214,065	25.2	(19 , 32.9)
30 - 34	41	266,118	15.4	(11.1 , 20.9)
35 - 39	76	328,962	23.1	(18.2 , 28.9)
40 - 44	88	334,575	26.3	(21.1 , 32.4)
45 - 49	65	294,351	22.1	(17 , 28.1)
50 - 54	46	257,607	17.9	(13.1 , 23.8)
55 - 59	50	187,992	26.6	(19.7 , 35.1)
60 - 64	37	140,985	26.2	(18.5 , 36.2)
65 - 69	42	123,429	34.0	(24.5 , 46)
70 - 74	45	111,552	40.3	(29.4 , 54)
75 - 79	63	91,779	68.6	(52.7 , 87.8)
80 - 84	89	62,457	142.5	(114.4 , 175.4)
> 85	141	54,693	257.8	(215.2 , 300.4)
Total	1,038	3,707,358	28.0	(26.3 , 29.7)

Age Group	Male	3-Yr NH M Population	Age-Specific Rate/100,000	95% Confidence Interval
< 1	1	21,675	*	(*, *)
1 - 4	7	95,343	*	(*, *)
5 - 9	8	136,032	*	(*, *)
10 - 14	17	142,530	*	(*, *)
15 - 19	47	132,192	35.6	(26.1 , 47.3)
20 - 24	58	103,059	56.3	(42.7 , 72.8)
25 - 29	43	106,281	40.5	(29.3 , 54.5)
30 - 34	37	132,006	28.0	(19.7 , 38.6)
35 - 39	53	161,841	32.7	(24.5 , 42.8)
40 - 44	65	167,121	38.9	(30 , 49.6)
45 - 49	46	146,703	31.4	(23 , 41.8)
50 - 54	37	128,676	28.8	(20.2 , 39.6)
55 - 59	39	94,140	41.4	(29.5 , 56.6)
60 - 64	21	69,060	30.4	(18.8 , 46.5)
65 - 69	31	59,523	52.1	(35.4 , 73.9)
70 - 74	27	50,172	53.8	(35.5 , 78.3)
75 - 79	36	38,274	94.1	(65.9 , 130.2)
80 - 84	41	23,286	176.1	(126.4 , 238.9)
> 85	55	15,147	363.1	(273.5 , 472.6)
Total	669	1,823,061	36.7	(33.9 , 39.5)

Age Group	Female	3-Yr NH F Population	Age-Specific Rate/100,000	95% Confidence Interval
< 1	2	20,343	*	(*, *)
1 - 4	5	89,694	*	(*, *)
5 - 9	5	129,579	*	(*, *)
10 - 14	7	137,235	*	(*, *)
15 - 19	24	127,872	18.8	(12 , 27.9)
20 - 24	20	103,239	19.4	(11.8 , 29.9)
25 - 29	11	107,784	*	(*, *)
30 - 34	4	134,112	*	(*, *)
35 - 39	23	167,121	13.8	(8.7 , 20.7)
40 - 44	23	167,454	13.7	(8.7 , 20.6)
45 - 49	19	147,648	*	(*, *)
50 - 54	9	128,931	*	(*, *)
55 - 59	11	93,852	*	(*, *)
60 - 64	16	71,925	*	(*, *)
65 - 69	11	63,906	*	(*, *)
70 - 74	18	61,380	*	(*, *)
75 - 79	27	53,505	50.5	(33.3 , 73.4)
80 - 84	48	39,171	122.5	(90.4 , 162.5)
> 85	86	39,546	217.5	(173.9 , 268.6)
Total	369	1,884,297	19.6	(17.6 , 21.6)

*rates based on fewer than 20 do not meet standards of reliability or precision and are not reported.

Table 2. Unintentional Injury-Related Death Rates by Mechanism/Cause and Gender, 1999-2001

Mechanism/Cause	Total	Age-Adjusted Rate/100,000	95% Confidence Interval
Motor vehicle traffic	385	10.5	(9.5 , 11.6)
Fall	186	5.2	(4.5 , 6)
Poisoning	128	3.4	(2.8 , 3.9)
Unspecified	82	2.3	(1.8 , 2.8)
Suffocation	66	1.8	(1.4 , 2.3)
Fire/hot object or substance- fire/flame	40	1.1	(0.8 , 1.4)
Drowning	29	0.8	(0.5 , 1.1)
Other land transport	23	0.6	(0.4 , 0.9)
Natural/environmental	22	0.6	(0.3 , 0.8)
Total	1,038	28.5	(26.7 , 30.2)

Mechanism/Cause	Male	Age-Adjusted Rate/100,000	95% Confidence Interval
Motor vehicle traffic	256	14.6	(12.8 , 16.4)
Fall	108	7.8	(6.3 , 9.4)
Poisoning	95	5.1	(4 , 6.1)
Unspecified	35	2.6	(1.7 , 3.5)
Suffocation	34	2.1	(1.4 , 2.9)
Fire/hot object or substance- fire/flame	23	1.4	(0.8 , 1.9)
Drowning	21	1.2	(0.7 , 1.7)
Total	669	40.4	(37.2 , 43.5)

Mechanism/Cause	Female	Age-Adjusted Rate/100,000	95% Confidence Interval
Motor vehicle traffic	129	6.8	(5.6 , 7.9)
Fall	78	3.5	(2.7 , 4.3)
Poisoning	33	1.7	(1.1 , 2.3)
Unspecified	47	2.0	(1.4 , 2.6)
Suffocation	32	1.5	(1 , 2)
Total	369	18.1	(16.3 , 20)

Table 3. Unintentional Injury-Related Inpatient Hospitalization Rates by Age Group and Gender, 1997-2001

Age Group	Total	5-Year NH Population	Age-Specific Rate/100,000	95% Confidence Interval
< 1	59	72,120	81.8	(62.3 , 105.5)
1 - 4	264	297,455	88.8	(78 , 99.5)
5 - 9	361	421,825	85.6	(76.8 , 94.4)
10 - 14	570	466,105	122.3	(112.3 , 132.3)
15 - 19	1,071	420,950	254.4	(239.2 , 269.7)
20 - 24	777	334,350	232.4	(216.1 , 248.7)
25 - 29	676	399,745	169.1	(156.4 , 181.9)
30 - 34	904	490,285	184.4	(172.4 , 196.4)
35 - 39	1,072	575,290	186.3	(175.2 , 197.5)
40 - 44	1,097	538,935	203.5	(191.5 , 215.6)
45 - 49	1,010	437,240	231.0	(216.7 , 245.2)
50 - 54	960	366,070	262.2	(245.7 , 278.8)
55 - 59	930	264,855	351.1	(328.6 , 373.7)
60 - 64	833	197,520	421.7	(393.1 , 450.4)
65 - 69	1,059	200,315	528.7	(496.8 , 560.5)
70 - 74	1,439	182,275	789.5	(748.7 , 830.3)
75 - 79	1,944	149,315	1,301.9	(1,244.1 , 1,359.8)
80 - 84	2,333	101,650	2,295.1	(2,202 , 2,388.3)
> 85	3,917	89,370	4,382.9	(4,245.6 , 4,520.2)
Total	21,276	6,005,670	354.3	(349.5 , 359)

Age Group	Male	5-Yr NH M Population	Age-Specific Rate/100,000	95% Confidence Interval
< 1	33	36,630	90.1	(62 , 126.5)
1 - 4	176	150,935	116.6	(99.4 , 133.8)
5 - 9	241	216,470	111.3	(97.3 , 125.4)
10 - 14	390	238,060	163.8	(147.6 , 180.1)
15 - 19	737	213,590	345.1	(320.1 , 370)
20 - 24	590	166,765	353.8	(325.2 , 382.3)
25 - 29	483	195,070	247.6	(225.5 , 269.7)
30 - 34	622	242,865	256.1	(236 , 276.2)
35 - 39	688	288,735	238.3	(220.5 , 256.1)
40 - 44	714	271,745	262.7	(243.5 , 282)
45 - 49	602	221,460	271.8	(250.1 , 293.5)
50 - 54	528	183,370	287.9	(263.4 , 312.5)
55 - 59	475	131,860	360.2	(327.8 , 392.6)
60 - 64	353	95,540	369.5	(330.9 , 408)
65 - 69	417	94,875	439.5	(397.3 , 481.7)
70 - 74	453	81,105	558.5	(507.1 , 610)
75 - 79	595	61,935	960.7	(883.5 , 1,037.9)
80 - 84	588	38,845	1,513.7	(1,391.4 , 1,636.1)
> 85	725	24,850	2,917.5	(2,705.1 , 3,129.9)
Total	9,410	2,954,705	318.5	(312 , 324.9)

Age Group	Female	5-Yr NH F Population	Age-Specific Rate/100,000	95% Confidence Interval
< 1	26	35,490	73.3	(47.9 , 107.3)
1 - 4	88	146,520	60.1	(48.2 , 74)
5 - 9	120	205,355	58.4	(48 , 68.9)
10 - 14	180	228,045	78.9	(67.4 , 90.5)
15 - 19	334	207,360	161.1	(143.8 , 178.3)
20 - 24	187	167,585	111.6	(95.6 , 127.6)
25 - 29	193	204,675	94.3	(81 , 107.6)
30 - 34	282	247,420	114.0	(100.7 , 127.3)
35 - 39	384	286,555	134.0	(120.6 , 147.4)
40 - 44	383	267,190	143.3	(129 , 157.7)
45 - 49	408	215,780	189.1	(170.7 , 207.4)
50 - 54	432	182,700	236.5	(214.2 , 258.8)
55 - 59	455	132,995	342.1	(310.7 , 373.6)
60 - 64	480	101,980	470.7	(428.6 , 512.8)
65 - 69	642	105,440	608.9	(561.8 , 656)
70 - 74	986	101,170	974.6	(913.8 , 1,035.4)
75 - 79	1,349	87,380	1,543.8	(1,461.4 , 1,626.2)
80 - 84	1,745	62,805	2,778.4	(2,648.1 , 2,908.8)
> 85	3,192	64,520	4,947.3	(4,775.7 , 5,118.9)
Total	11,866	3,050,965	388.9	(381.9 , 395.9)

Table 4. Unintentional Injury-Related Inpatient Hospitalization Rates by Mechanism/Cause, 1997-2001

Cause/Mechanism	Total	Age-Adjusted Rate/100,000	95% Confidence Interval
Fall	13,120	227.5	(223.6 , 231.4)
Motor vehicle traffic	3,057	51.5	(49.7 , 53.3)
Poisoning	818	13.9	(12.9 , 14.8)
Overexertion	661	11.2	(10.3 , 12)
Struck by or against	649	10.9	(10 , 11.7)
Transport, other	645	10.6	(9.8 , 11.4)
Unspecified	560	9.6	(8.8 , 10.4)
Other specified classifiable	376	6.3	(5.7 , 7)
Pedal cyclist, other	293	4.9	(4.3 , 5.4)
Cut/pierce	276	4.6	(4 , 5.1)
Machinery	226	3.8	(3.3 , 4.3)
Natural/environmental	218	3.7	(3.2 , 4.2)
Fire/burn	163	2.8	(2.3 , 3.2)
Other specified nec	64	1.1	(0.8 , 1.4)
Suffocation	50	0.9	(0.6 , 1.1)
Pedestrian, other	42	0.7	(0.5 , 0.9)
Firearm	36	0.6	(0.4 , 0.8)
Drowning/submersion	22	0.4	(0.2 , 0.5)
Total	21,276	364.8	(359.9 , 369.7)

Cause/Mechanism	Male	Age-Adjusted Rate/100,000	95% Confidence Interval
Fall	4,480	180.2	(174.8 , 185.7)
Motor vehicle traffic	1,783	61.7	(58.8 , 64.6)
Poisoning	385	13.8	(12.4 , 15.2)
Overexertion	328	11.5	(10.3 , 12.8)
Struck by or against	504	17.1	(15.6 , 18.6)
Transport, other	453	15.1	(13.7 , 16.4)
Unspecified	248	9.3	(8.1 , 10.5)
Other specified classifiable	231	8.0	(6.9 , 9)
Pedal cyclist, other	218	7.2	(6.3 , 8.2)
Cut/pierce	236	8.0	(7 , 9.1)
Machinery	206	7.1	(6.1 , 8)
Natural/environmental	105	3.8	(3.1 , 4.6)
Fire/burn	103	3.6	(2.9 , 4.3)
Other specified nec	37	1.4	(0.9 , 1.8)
Suffocation	21	0.9	(0.5 , 1.3)
Pedestrian, other	24	0.8	(0.5 , 1.1)
Firearm	29	1.0	(0.6 , 1.3)
Drowning/submersion	19	*	(*, *)
Total	9,410	351.1	(343.8 , 358.4)

Cause/Mechanism	Female	Age-Adjusted Rate/100,000	95% Confidence Interval
Fall	8,640	251.0	(245.7 , 256.4)
Motor vehicle traffic	1,274	41.7	(39.4 , 44)
Poisoning	433	14.1	(12.7 , 15.4)
Overexertion	333	10.3	(9.2 , 11.5)
Struck by or against	145	4.7	(3.9 , 5.4)
Transport, other	192	6.2	(5.3 , 7.1)
Unspecified	312	9.4	(8.3 , 10.4)
Other specified classifiable	145	4.6	(3.9 , 5.4)
Pedal cyclist, other	75	2.5	(1.9 , 3.1)
Cut/pierce	40	1.3	(0.9 , 1.7)
Machinery	20	0.6	(0.4 , 0.9)
Natural/environmental	113	3.7	(3 , 4.3)
Fire/burn	60	1.9	(1.4 , 2.4)
Other specified nec	27	0.8	(0.5 , 1.2)
Suffocation	29	0.9	(0.6 , 1.2)
Pedestrian, other	18	*	(*, *)
Firearm	7	*	(*, *)
Drowning/submersion	3	*	(*, *)
Total	11,866	354.7	(348.3 , 361.2)

*rates based on fewer than 20 do not meet standards of reliability or precision and are not reported.

Table 5. Average Length of Stay for Unintentional Injury-Related Inpatient Hospitalizations by Mechanisms/Causes of Injury, 1997-2001

Mechanism/Cause	Ave LOS	Std Dev	Count	95% Confidence Interval
Motor vehicle traffic	6.1	8.1	3,057	(5.8 , 6.4)
Pedestrian, other	5.5	7.1	42	(3.3 , 7.6)
Fall	4.8	4.4	13,120	(4.7 , 4.9)
Firearm	4.6	3.9	36	(3.3 , 5.8)
Transport, other	4.6	5.5	645	(4.1 , 5)
Fire/burn	4.5	5.1	163	(3.7 , 5.3)
Natural/environmental	4.2	13.9	218	(2.4 , 6.1)
Other specified classifiable	4.2	4.9	376	(3.7 , 4.7)
Suffocation	4.1	4.6	50	(2.9 , 5.4)
Unspecified	3.9	4.1	560	(3.5 , 4.2)
Machinery	3.8	6.6	226	(2.9 , 4.7)
Pedal cyclist, other	3.7	4.3	293	(3.2 , 4.2)
Struck by or against	3.5	3.9	649	(3.2 , 3.8)
Other specified nec	3.4	2.5	64	(2.7 , 4)
Drowning/submersion	3.2	4.2	22	(1.5 , 5)
Overexertion	2.8	2.4	661	(2.6 , 3)
Poisoning	2.8	3.0	818	(2.5 , 3)
Cut/pierce	2.6	2.5	276	(2.3 , 2.9)

Table 6. Average Charges for Unintentional Injury-Related Inpatient Hospitalizations by Mechanisms/Causes of Injury, 2001

Mechanism/Cause	Ave Charge	Std Dev	Count	95% Confidence Interval
Pedestrian, other	29,438	34,399	6	(1,913 , 56,964)
Motor vehicle traffic	22,964	30,120	641	(20,632 , 25,296)
Machinery	21,337	55,722	36	(3,134 , 39,539)
Transport, other	15,065	17,121	160	(12,412 , 17,718)
Fall	14,757	14,312	2,783	(14,225 , 15,289)
Other specified classifiable	12,227	13,721	54	(8,567 , 15,887)
Firearm	12,100	8,984	9	(6,230 , 17,970)
Suffocation	11,776	11,969	13	(5,269 , 18,282)
Unspecified	11,739	9,092	121	(10,119 , 13,359)
Pedal cyclist, other	11,497	8,127	47	(9,173 , 13,820)
Drowning/submersion	10,766	10,012	4	(953 , 20,578)
Other specified nec	10,744	4,473	12	(8,213 , 13,275)
Struck by or against	10,119	8,792	110	(8,476 , 11,762)
Overexertion	9,418	6,768	118	(8,197 , 10,639)
Cut/pierce	8,764	5,476	49	(7,231 , 10,298)
Fire/burn	8,065	6,202	42	(6,189 , 9,941)
Poisoning	7,477	8,267	186	(6,289 , 8,665)
Natural/environmental	7,234	6,056	52	(5,588 , 8,881)

Table 7. Unintentional Injury-Related ED Visit Rates by Age Group and Gender, 1999-2001

Age Group	Total	3-Year NH Population	Age-Specific Rate/100,000	95% Confidence Interval
< 1	2,189	42,018	5,209.7	(4,991.4 , 5,427.9)
1 - 4	21,458	185,037	11,596.6	(11,441.4 , 11,751.8)
5 - 9	23,491	265,611	8,844.1	(8,731 , 8,957.2)
10 - 14	35,764	279,765	12,783.6	(12,651.1 , 12,916.1)
15 - 19	41,875	260,064	16,101.8	(15,947.6 , 16,256)
20 - 24	35,340	206,298	17,130.6	(16,952 , 17,309.2)
25 - 29	31,226	214,065	14,587.2	(14,425.4 , 14,749)
30 - 34	32,274	266,118	12,127.7	(11,995.4 , 12,260)
35 - 39	33,539	328,962	10,195.4	(10,086.3 , 10,304.5)
40 - 44	29,616	334,575	8,851.8	(8,751 , 8,952.6)
45 - 49	21,579	294,351	7,331.0	(7,233.2 , 7,428.9)
50 - 54	16,417	257,607	6,372.9	(6,275.4 , 6,470.4)
55 - 59	11,087	187,992	5,897.6	(5,787.8 , 6,007.4)
60 - 64	7,414	140,985	5,258.7	(5,139 , 5,378.4)
65 - 69	6,557	123,429	5,312.4	(5,183.8 , 5,441)
70 - 74	6,399	111,552	5,736.3	(5,595.8 , 5,876.9)
75 - 79	6,088	91,779	6,633.3	(6,466.7 , 6,800)
80 - 84	5,119	62,457	8,196.0	(7,971.5 , 8,420.6)
> 85	6,085	54,693	11,125.7	(10,846.2 , 11,405.3)
Total	373,517	3,707,358	10,075.0	(10,042.7 , 10,107.3)

Age Group	Male	3-Year M NH Population	Age Specific Rate/100,000	95% Confidence Interval
< 1	1,232	21,675	5,684.0	(5,366.6 , 6,001.4)
1 - 4	12,478	95,343	13,087.5	(12,857.8 , 13,317.1)
5 - 9	13,888	136,032	10,209.4	(10,039.6 , 10,379.2)
10 - 14	21,599	142,530	15,154.0	(14,951.9 , 15,356.1)
15 - 19	25,414	132,192	19,225.1	(18,988.7 , 19,461.4)
20 - 24	21,635	103,059	20,992.8	(20,713.1 , 21,272.6)
25 - 29	18,823	106,281	17,710.6	(17,457.6 , 17,963.6)
30 - 34	19,225	132,006	14,563.7	(14,357.9 , 14,769.6)
35 - 39	19,507	161,841	12,053.2	(11,884 , 12,222.3)
40 - 44	17,014	167,121	10,180.6	(10,027.7 , 10,333.6)
45 - 49	11,913	146,703	8,120.5	(7,974.7 , 8,266.3)
50 - 54	8,519	128,676	6,620.5	(6,479.9 , 6,761.1)
55 - 59	5,644	94,140	5,995.3	(5,838.9 , 6,151.7)
60 - 64	3,700	69,060	5,357.7	(5,185 , 5,530.3)
65 - 69	3,111	59,523	5,226.6	(5,042.9 , 5,410.2)
70 - 74	2,771	50,172	5,523.0	(5,317.4 , 5,728.6)
75 - 79	2,270	38,274	5,930.9	(5,686.9 , 6,174.9)
80 - 84	1,680	23,286	7,214.6	(6,869.6 , 7,559.6)
> 85	1,529	15,147	10,094.4	(9,588.4 , 10,600.4)
Total	211,952	1,823,061	11,626.2	(11,576.7 , 11,675.7)

Age Group	Female	3-Yr NH F Population	Age-Specific Rate/100,000	95% Confidence Interval
< 1	957	20,343	4,704.3	(4,406.3 , 5,002.4)
1 - 4	8,980	89,694	10,011.8	(9,804.7 , 10,218.9)
5 - 9	9,603	129,579	7,410.9	(7,262.7 , 7,559.1)
10 - 14	14,165	137,235	10,321.7	(10,151.7 , 10,491.7)
15 - 19	16,461	127,872	12,873.0	(12,676.4 , 13,069.7)
20 - 24	13,705	103,239	13,275.0	(13,052.8 , 13,497.3)
25 - 29	12,403	107,784	11,507.3	(11,304.8 , 11,709.8)
30 - 34	13,049	134,112	9,729.9	(9,563 , 9,896.9)
35 - 39	14,032	167,121	8,396.3	(8,257.4 , 8,535.2)
40 - 44	12,602	167,454	7,525.6	(7,394.3 , 7,657)
45 - 49	9,666	147,648	6,546.7	(6,416.1 , 6,677.2)
50 - 54	7,898	128,931	6,125.8	(5,990.7 , 6,260.9)
55 - 59	5,443	93,852	5,799.6	(5,645.5 , 5,953.6)
60 - 64	3,714	71,925	5,163.7	(4,997.6 , 5,329.8)
65 - 69	3,446	63,906	5,392.3	(5,212.3 , 5,572.3)
70 - 74	3,628	61,380	5,910.7	(5,718.4 , 6,103.1)
75 - 79	3,818	53,505	7,135.8	(6,909.4 , 7,362.1)
80 - 84	3,439	39,171	8,779.5	(8,486 , 9,072.9)
> 85	4,556	39,546	11,520.8	(11,186.2 , 11,855.3)
Total	161,565	1,884,297	8,574.3	(8,532.5 , 8,616.1)

Table 8. Unintentional Injury-Related ED Visit Rates by Mechanism/Cause, 1999-2001

Cause/Mechanism	Total	Age-Adjusted Rate/100,000	95% Confidence Interval
Fall	94,864	2,603.2	(2,586.6 , 2,619.8)
Struck by or against	65,686	1,807.1	(1,793.3 , 1,821)
Overexertion	48,930	1,327.8	(1,316 , 1,339.6)
Cut/pierce	48,134	1,307.2	(1,295.5 , 1,319)
Motor vehicle traffic	35,477	977.8	(967.6 , 988)
Other specified classifiable	24,115	658.3	(649.9 , 666.6)
Natural/environmental	15,454	420.6	(414 , 427.3)
Unspecified	11,460	311.5	(305.8 , 317.2)
Fire/burn	7,174	198.1	(193.5 , 202.7)
Pedal cyclist, other	6,256	170.4	(166.2 , 174.6)
Transport, other	5,175	142.0	(138.1 , 145.9)
Machinery	4,499	120.8	(117.3 , 124.3)
Poisoning	2,973	83.2	(80.2 , 86.2)
Other specified nec	2,542	69.4	(66.7 , 72.1)
Pedestrian, other	288	7.9	(6.9 , 8.8)
Suffocation	271	7.7	(6.8 , 8.6)
Drowning/submersion	137	3.8	(3.1 , 4.4)
Firearm	82	2.2	(1.7 , 2.7)
Total	373,517	10,219.0	(10,186.1 , 10,251.9)

Cause/Mechanism	Male	Age-Adjusted Rate/100,000	95% Confidence Interval
Fall	45,932	2,590.5	(2,566.5 , 2,614.5)
Struck by or against	42,585	2,341.1	(2,318.7 , 2,363.4)
Overexertion	26,452	1,442.9	(1,425.4 , 1,460.4)
Cut/pierce	32,115	1,758.3	(1,739 , 1,777.6)
Motor vehicle traffic	16,332	908.9	(894.9 , 923)
Other specified classifiable	16,003	874.9	(861.3 , 888.5)
Natural/environmental	7,664	422.3	(412.8 , 431.8)
Unspecified	5,721	315.2	(307 , 323.5)
Fire/burn	4,029	223.6	(216.6 , 230.5)
Pedal cyclist, other	4,715	255.0	(247.7 , 262.3)
Transport, other	3,301	182.3	(176.1 , 188.5)
Machinery	3,665	199.6	(193.1 , 206.1)
Poisoning	1,486	83.4	(79.1 , 87.6)
Other specified nec	1,467	80.5	(76.4 , 84.7)
Pedestrian, other	175	9.5	(8.1 , 10.9)
Suffocation	143	8.6	(7.2 , 10.1)
Drowning/submersion	96	5.3	(4.2 , 6.4)
Firearm	71	3.9	(3 , 4.8)
Total	211,952	11,705.6	(11,655.5 , 11,755.8)

Cause/Mechanism	Female	Age-Adjusted Rate/100,000	95% Confidence Interval
Fall	48,932	2,575.1	(2,552.2 , 2,598.1)
Struck by or against	23,101	1,266.0	(1,249.6 , 1,282.3)
Overexertion	22,478	1,211.5	(1,195.6 , 1,227.4)
Cut/pierce	16,019	860.5	(847.1 , 873.9)
Motor vehicle traffic	19,145	1,048.0	(1,033.1 , 1,062.9)
Other specified classifiable	8,112	444.8	(435.1 , 454.6)
Natural/environmental	7,790	419.6	(410.2 , 428.9)
Unspecified	5,739	306.5	(298.6 , 314.5)
Fire/burn	3,145	172.7	(166.7 , 178.8)
Pedal cyclist, other	1,541	84.1	(79.9 , 88.3)
Transport, other	1,874	101.8	(97.2 , 106.4)
Machinery	834	44.6	(41.5 , 47.6)
Poisoning	1,487	83.0	(78.7 , 87.2)
Other specified nec	1,075	58.4	(54.9 , 61.9)
Pedestrian, other	113	6.2	(5 , 7.3)
Suffocation	128	6.9	(5.7 , 8.2)
Drowning/submersion	41	2.3	(1.6 , 3)
Firearm	11	*	(*, *)
Total	161,565	8,692.5	(8,650 , 8,735.1)

*rates based on fewer than 20 do not meet standards of reliability or precision and are not reported.

Table 9. Average Charges for Unintentional Injury-Related ED Visits by Mechanism/Cause, 2001

Mechanism/Cause	Ave Charge	Std Dev	Count	95% Confidence Interval
Drowning/submersion	1,256	1,591	44	(785.8 , 1,726)
Firearm	854	780	29	(570.2 , 1,138)
Motor vehicle traffic	716	982	11,844	(699 , 734)
Suffocation	687	1,213	82	(424 , 949)
Transport, other	684	797	2,005	(649 , 719)
Pedal cyclist, other	569	542	1,907	(544 , 593)
Poisoning	563	611	938	(524 , 603)
Pedestrian, other	561	667	86	(420 , 702)
Fall	543	594	33,538	(537 , 549)
Machinery	524	524	1,490	(497 , 550)
Struck by or against	403	331	22,483	(399 , 408)
Cut/pierce	387	306	15,931	(382 , 392)
Other specified classifiable	367	354	7,777	(359 , 375)
Overexertion	358	258	17,037	(354 , 362)
Unspecified	338	336	4,362	(328 , 348)
Other specified nec	318	302	1,326	(302 , 335)
Natural/environmental	308	376	5,571	(298 , 318)
Fire/burn	292	252	2,345	(282 , 302)

Table 10. Unintentional Fall Injury-Related Inpatient Hospitalization Rates by Age Group and Gender, 1997-2001

Age Group	Total	5-Year NH Population	Age-Specific Rate/100,000	95% Confidence Interval
< 1	23	72,120	31.9	(20.2 , 47.9)
1 - 4	104	297,455	35.0	(28.2 , 41.7)
5 - 9	139	421,825	33.0	(27.5 , 38.4)
10 - 14	198	466,105	42.5	(36.6 , 48.4)
15 - 19	214	420,950	50.8	(44 , 57.6)
20 - 24	155	334,350	46.4	(39.1 , 53.7)
25 - 29	155	399,745	38.8	(32.7 , 44.9)
30 - 34	262	490,285	53.4	(47 , 59.9)
35 - 39	372	575,290	64.7	(58.1 , 71.2)
40 - 44	457	538,935	84.8	(77 , 92.6)
45 - 49	463	437,240	105.9	(96.2 , 115.5)
50 - 54	500	366,070	136.6	(124.6 , 148.6)
55 - 59	544	264,855	205.4	(188.1 , 222.7)
60 - 64	541	197,520	273.9	(250.8 , 297)
65 - 69	734	200,315	366.4	(339.9 , 392.9)
70 - 74	1,105	182,275	606.2	(570.5 , 642)
75 - 79	1,581	149,315	1,058.8	(1,006.6 , 1,111)
80 - 84	2,013	101,650	1,980.3	(1,893.8 , 2,066.8)
> 85	3,560	89,370	3,983.4	(3,852.6 , 4,114.3)
Total	13,120	6,005,670	218.5	(214.7 , 222.2)

Age Group	Male	5-Yr NH M Population	Age-Specific Rate/100,000	95% Confidence Interval
< 1	11	36,630	*	(*, *)
1 - 4	83	150,935	55.0	(43.8 , 68.2)
5 - 9	90	216,470	41.6	(33.4 , 51.1)
10 - 14	140	238,060	58.8	(49.1 , 68.6)
15 - 19	160	213,590	74.9	(63.3 , 86.5)
20 - 24	116	166,765	69.6	(56.9 , 82.2)
25 - 29	117	195,070	60.0	(49.1 , 70.8)
30 - 34	171	242,865	70.4	(59.9 , 81)
35 - 39	224	288,735	77.6	(67.4 , 87.7)
40 - 44	289	271,745	106.3	(94.1 , 118.6)
45 - 49	256	221,460	115.6	(101.4 , 129.8)
50 - 54	253	183,370	138.0	(121 , 155)
55 - 59	255	131,860	193.4	(169.7 , 217.1)
60 - 64	206	95,540	215.6	(186.2 , 245.1)
65 - 69	256	94,875	269.8	(236.8 , 302.9)
70 - 74	315	81,105	388.4	(345.5 , 431.3)
75 - 79	431	61,935	695.9	(630.2 , 761.6)
80 - 84	491	38,845	1,264.0	(1,152.2 , 1,375.8)
> 85	616	24,850	2,478.9	(2,283.1 , 2,674.6)
Total	4,480	2,954,705	151.6	(147.2 , 156.1)

Age Group	Female	5-Yr NH F Population	Age-Specific Rate/100,000	95% Confidence Interval
< 1	12	35,490	*	(*, *)
1 - 4	21	146,520	14.3	(8.9 , 21.9)
5 - 9	49	205,355	23.9	(17.7 , 31.5)
10 - 14	58	228,045	25.4	(19.3 , 32.9)
15 - 19	54	207,360	26.0	(19.6 , 34)
20 - 24	39	167,585	23.3	(16.5 , 31.8)
25 - 29	38	204,675	18.6	(13.1 , 25.5)
30 - 34	91	247,420	36.8	(29.6 , 45.2)
35 - 39	148	286,555	51.6	(43.3 , 60)
40 - 44	168	267,190	62.9	(53.4 , 72.4)
45 - 49	207	215,780	95.9	(82.9 , 109)
50 - 54	247	182,700	135.2	(118.3 , 152.1)
55 - 59	289	132,995	217.3	(192.2 , 242.4)
60 - 64	335	101,980	328.5	(293.3 , 363.7)
65 - 69	478	105,440	453.3	(412.7 , 494)
70 - 74	790	101,170	780.9	(726.4 , 835.3)
75 - 79	1,150	87,380	1,316.1	(1,240 , 1,392.2)
80 - 84	1,522	62,805	2,423.4	(2,301.6 , 2,545.1)
> 85	2,944	64,520	4,562.9	(4,398.1 , 4,727.8)
Total	8,640	3,050,965	283.2	(277.2 , 289.2)

*rates based on fewer than 20 do not meet standards of reliability or precision and are not reported.

Table 11. Unintentional Fall Injury-Related ED Visit Rates by Age Group and Gender, 1999-2001

Age Group	Total	3-Year NH Population	Age Specific Rate/100,000	95% Confidence Interval
< 1	1,132	42,018	2,694.1	(2,537.1 , 2,851)
1 - 4	8,397	185,037	4,538.0	(4,440.9 , 4,635.1)
5 - 9	7,698	265,611	2,898.2	(2,833.5 , 2,963)
10 - 14	10,111	279,765	3,614.1	(3,543.7 , 3,684.6)
15 - 19	6,777	260,064	2,605.9	(2,543.9 , 2,667.9)
20 - 24	5,574	206,298	2,701.9	(2,631 , 2,772.8)
25 - 29	5,091	214,065	2,378.2	(2,312.9 , 2,443.6)
30 - 34	5,679	266,118	2,134.0	(2,078.5 , 2,189.5)
35 - 39	6,368	328,962	1,935.8	(1,888.2 , 1,983.3)
40 - 44	6,049	334,575	1,808.0	(1,762.4 , 1,853.5)
45 - 49	5,014	294,351	1,703.4	(1,656.3 , 1,750.6)
50 - 54	4,496	257,607	1,745.3	(1,694.3 , 1,796.3)
55 - 59	3,323	187,992	1,767.6	(1,707.5 , 1,827.7)
60 - 64	2,586	140,985	1,834.2	(1,763.5 , 1,904.9)
65 - 69	2,563	123,429	2,076.5	(1,996.1 , 2,156.9)
70 - 74	2,879	111,552	2,580.9	(2,486.6 , 2,675.1)
75 - 79	3,306	91,779	3,602.1	(3,479.3 , 3,724.9)
80 - 84	3,257	62,457	5,214.8	(5,035.7 , 5,393.9)
> 85	4,564	54,693	8,344.8	(8,102.7 , 8,586.9)
Total	94,864	3,707,358	2,558.8	(2,542.5 , 2,575.1)

Age Group	Male	3-YR NH M Population	Age-Specific Rate/100,000	95% Confidence Interval
< 1	662	21,675	3,054.2	(2,821.5 , 3,286.9)
1 - 4	4,982	95,343	5,225.3	(5,080.2 , 5,370.4)
5 - 9	4,221	136,032	3,102.9	(3,009.3 , 3,196.6)
10 - 14	5,878	142,530	4,124.0	(4,018.6 , 4,229.5)
15 - 19	3,989	132,192	3,017.6	(2,923.9 , 3,111.2)
20 - 24	2,958	103,059	2,870.2	(2,766.8 , 2,973.6)
25 - 29	2,600	106,281	2,446.3	(2,352.3 , 2,540.4)
30 - 34	2,884	132,006	2,184.7	(2,105 , 2,264.5)
35 - 39	3,089	161,841	1,908.7	(1,841.4 , 1,976)
40 - 44	2,989	167,121	1,788.5	(1,724.4 , 1,852.6)
45 - 49	2,370	146,703	1,615.5	(1,550.5 , 1,680.6)
50 - 54	1,893	128,676	1,471.1	(1,404.9 , 1,537.4)
55 - 59	1,350	94,140	1,434.0	(1,357.5 , 1,510.5)
60 - 64	1,058	69,060	1,532.0	(1,439.7 , 1,624.3)
65 - 69	1,006	59,523	1,690.1	(1,585.7 , 1,794.5)
70 - 74	986	50,172	1,965.2	(1,842.6 , 2,087.9)
75 - 79	1,055	38,274	2,756.4	(2,590.1 , 2,922.8)
80 - 84	937	23,286	4,023.9	(3,766.2 , 4,281.5)
> 85	1,025	15,147	6,767.0	(6,352.7 , 7,181.3)
Total	45,932	1,823,061	2,519.5	(2,496.5 , 2,542.5)

Age Group	Female	3- Yr NH F Population	Age Specific Rate/100,000	95% Confidence Interval
< 1	470	20,343	2,310.4	(2,101.5 , 2,519.3)
1 - 4	3,415	89,694	3,807.4	(3,679.7 , 3,935.1)
5 - 9	3,477	129,579	2,683.3	(2,594.1 , 2,772.5)
10 - 14	4,233	137,235	3,084.5	(2,991.6 , 3,177.4)
15 - 19	2,788	127,872	2,180.3	(2,099.4 , 2,261.2)
20 - 24	2,616	103,239	2,533.9	(2,436.8 , 2,631)
25 - 29	2,491	107,784	2,311.1	(2,220.3 , 2,401.9)
30 - 34	2,795	134,112	2,084.1	(2,006.8 , 2,161.3)
35 - 39	3,279	167,121	1,962.1	(1,894.9 , 2,029.2)
40 - 44	3,060	167,454	1,827.4	(1,762.6 , 1,892.1)
45 - 49	2,644	147,648	1,790.7	(1,722.5 , 1,859)
50 - 54	2,603	128,931	2,018.9	(1,941.3 , 2,096.5)
55 - 59	1,973	93,852	2,102.2	(2,009.5 , 2,195)
60 - 64	1,528	71,925	2,124.4	(2,017.9 , 2,231)
65 - 69	1,557	63,906	2,436.4	(2,315.4 , 2,557.4)
70 - 74	1,893	61,380	3,084.1	(2,945.1 , 3,223)
75 - 79	2,251	53,505	4,207.1	(4,033.3 , 4,380.9)
80 - 84	2,320	39,171	5,922.7	(5,681.7 , 6,163.8)
> 85	3,539	39,546	8,949.1	(8,654.2 , 9,243.9)
Total	48,932	1,884,297	2,596.8	(2,573.8 , 2,619.8)

Table 12. Unintentional Fall Injury-Related Inpatient Hospitalization Rates by Fall Mechanism, 1997-2001

Fall Group	Total	Age-Adjusted Rate/100,000	95% Confidence Interval
Same Level-Slipping, Tripping, Or Stumbling	5,557	96.6	(94.1 , 99.1)
Other And Unspecified	4,097	71.7	(69.5 , 73.8)
From One Level To Another	1,483	25.5	(24.2 , 26.8)
Stairs Or Steps	1,147	19.8	(18.7 , 21)
Ladders Or Scaffolding	444	7.5	(6.8 , 8.2)
From Or Out Of Building/Structure	256	4.2	(3.7 , 4.7)
Same Level-Collision, Pushing, Or Shoving	87	1.5	(1.2 , 1.8)
Into Hole Or Opening In Surface	49	0.8	(0.6 , 1)
Total	13,120	227.5	(223.6 , 231.4)

Fall Group	Male	Age-Adjusted Rate/100,000	95% Confidence Interval
Same Level-Slipping, Tripping, Or Stumbling	1,635	67.5	(64.1 , 70.9)
Other And Unspecified	1,063	47.5	(44.5 , 50.4)
From One Level To Another	721	27.2	(25.1 , 29.2)
Stairs Or Steps	375	14.6	(13.1 , 16.1)
Ladders Or Scaffolding	374	13.0	(11.7 , 14.4)
From Or Out Of Building/Structure	229	7.6	(6.6 , 8.5)
Same Level-Collision, Pushing, Or Shoving	49	1.7	(1.2 , 2.2)
Into Hole Or Opening In Surface	34	1.2	(0.8 , 1.6)
Total	4,480	180.2	(174.8 , 185.7)

Fall Group	Female	Age-Adjusted Rate/100,000	95% Confidence Interval
Same Level-Slipping, Tripping, Or Stumbling	3,922	114.8	(111.2 , 118.4)
Other And Unspecified	3,034	85.3	(82.2 , 88.4)
From One Level To Another	762	22.2	(20.6 , 23.8)
Stairs Or Steps	772	24.0	(22.3 , 25.7)
Ladders Or Scaffolding	70	2.2	(1.7 , 2.8)
From Or Out Of Building/Structure	27	0.9	(0.6 , 1.3)
Same Level-Collision, Pushing, Or Shoving	38	1.1	(0.8 , 1.5)
Into Hole Or Opening In Surface	15	*	(* , *)
Total	8,640	251.0	(245.7 , 256.4)

*rates based on fewer than 20 do not meet standards of reliability or precision and are not reported.

Table 13. Unintentional Fall Injury-Related ED Visit Rates by Fall Mechanism, 1999-2001

Fall Mechanism/Cause	Total	Age-Adjusted Rate/100,000	95% Confidence Interval
Same Level-Slipping, Tripping, Or Stumbling	40,488	1,104.8	(1,094 , 1,115.5)
Other And Unspecified	23,389	645.0	(636.7 , 653.2)
From One Level To Another	14,268	398.5	(392 , 405.1)
Stairs Or Steps	11,578	316.5	(310.7 , 322.3)
Ladders Or Scaffolding	2,269	59.8	(57.4 , 62.3)
Same Level-Collision, Pushing, Or Shoving	1,686	46.7	(44.4 , 48.9)
Into Hole Or Opening In Surface	618	16.7	(15.4 , 18)
From Or Out Of Building/Structure	568	15.3	(14.1 , 16.6)
Total	94,864	2,603.2	(2,586.6 , 2,619.8)

Fall Mechanism/Cause	Male	Age-Adjusted Rate/100,000	95% Confidence Interval
Same Level-Slipping, Tripping, Or Stumbling	18,948	1,067.1	(1,051.7 , 1,082.5)
Other And Unspecified	11,108	636.9	(624.9 , 649)
From One Level To Another	7,815	440.9	(431 , 450.8)
Stairs Or Steps	4,279	240.5	(233.3 , 247.8)
Ladders Or Scaffolding	1,845	99.0	(94.5 , 103.6)
Same Level-Collision, Pushing, Or Shoving	1,106	60.9	(57.3 , 64.5)
Into Hole Or Opening In Surface	374	20.3	(18.3 , 22.4)
From Or Out Of Building/Structure	457	24.7	(22.4 , 27)
Total	45,932	2,590.5	(2,566.5 , 2,614.5)

Fall Mechanism/Cause	Female	Age-Adjusted Rate/100,000	95% Confidence Interval
Same Level-Slipping, Tripping, Or Stumbling	21,540	1,122.2	(1,107.2 , 1,137.3)
Other And Unspecified	12,281	638.4	(627 , 649.8)
From One Level To Another	6,453	351.3	(342.7 , 359.9)
Stairs Or Steps	7,299	390.0	(381 , 399)
Ladders Or Scaffolding	424	21.9	(19.8 , 24)
Same Level-Collision, Pushing, Or Shoving	580	32.2	(29.6 , 34.8)
Into Hole Or Opening In Surface	244	13.0	(11.4 , 14.6)
From Or Out Of Building/Structure	111	6.1	(5 , 7.2)
Total	48,932	2,575.1	(2,552.2 , 2,598.1)

Table 14. Average Length of Stay for Unintentional Fall Injury-Related Inpatient Hospitalizations by Fall Mechanism, 1997-2001

Fall Group	Ave LOS	Std Dev	Count	95% Confidence Interval
From Or Out Of Building/Structure	5.8	9.2	256	(4.7 , 6.9)
Other And Unspecified	5.1	4.1	4,097	(4.9 , 5.2)
Same Level-Slipping, Tripping, Or Stumbling	4.7	4.0	5,557	(4.6 , 4.8)
Ladders Or Scaffolding	4.6	5.7	444	(4.1 , 5.1)
Stairs Or Steps	4.6	4.8	1,147	(4.3 , 4.8)
From One Level To Another	4.5	4.2	1,483	(4.3 , 4.7)
Into Hole Or Opening In Surface	4.0	3.0	49	(3.2 , 4.9)
Same Level-Collision, Pushing, Or Shoving	3.7	4.5	87	(2.7 , 4.6)

Table 15. Average Charges for Unintentional Fall Injury-Related Inpatient Hospitalizations by Fall Mechanism, 2001

Fall Group	Ave Charge	Std Dev	Count	95% Confidence Interval
From Or Out Of Building/Structure	23,485	39,896	59	(13,304 , 33,665)
Ladders Or Scaffolding	20,747	29,465	96	(14,852 , 26,641)
Stairs Or Steps	15,119	17,055	254	(13,021 , 17,216)
From One Level To Another	14,587	13,452	310	(13,089 , 16,084)
Other And Unspecified	14,485	11,486	897	(13,734 , 15,237)
Same Level-Slipping, Tripping, Or Stumbling	14,093	10,970	1,141	(13,457 , 14,730)
Into Hole Or Opening In Surface	10,004	6,056	11	(6,425 , 13,583)
Same Level-Collision, Pushing, Or Shoving	9,713	6,334	15	(6,507 , 12,919)

Table 16. Average Charges for Unintentional Fall Injury-Related ED Visits by Fall Mechanism, 2001

Fall Mechanism	Ave Charge	Std Dev	Count	95% Confidence Interval
From Or Out Of Building/Structure	919	970	210	(788 , 1,051)
Ladders Or Scaffolding	706	801	841	(652 , 761)
From One Level To Another	591	1,002	5,039	(563 , 618)
Stairs Or Steps	569	547	4,052	(552 , 585)
Other And Unspecified	540	476	7,567	(529 , 551)
Into Hole Or Opening In Surface	509	431	189	(448 , 571)
Same Level-Slipping, Tripping, Or Stumbling	509	440	15,213	(502 , 516)
Same Level-Collision, Pushing, Or Shoving	505	385	427	(469 , 542)

Table 17. Unintentional Motor Vehicle Traffic Injury-Related Death Rates by Age Group and Gender, 1999-2001

Age Group	Total	3-Year NH Population	Age-Specific Rate/100,000	95% Confidence Interval
0 - 4	0	227,055	*	(*, *)
5 - 14	15	545,376	*	(*, *)
15 - 24	92	466,362	19.7	(15.9 , 24.2)
25 - 34	56	480,183	11.7	(8.8 , 15.1)
35 - 44	54	663,537	8.1	(6.1 , 10.6)
45 - 54	52	551,958	9.4	(7 , 12.4)
55 - 64	40	328,977	12.2	(8.7 , 16.6)
65 - 74	27	234,981	11.5	(7.6 , 16.7)
75 - 84	37	154,236	24.0	(16.9 , 33.1)
85 +	12	54,693	*	(*, *)
Total	385	3,707,358	10.4	(9.3 , 11.4)

Age Group	Male	3-Yr NH M Population	Age-Specific Rate/100,000	95% Confidence Interval
0 - 4	0	117,018	*	(*, *)
5 - 14	7	278,562	*	(*, *)
15 - 24	62	235,251	26.4	(20.2 , 33.8)
25 - 34	47	238,287	19.7	(14.5 , 26.2)
35 - 44	36	328,962	10.9	(7.7 , 15.2)
45 - 54	38	275,379	13.8	(9.8 , 18.9)
55 - 64	25	163,200	15.3	(9.9 , 22.6)
65 - 74	18	109,695	*	(*, *)
75 - 84	18	61,560	*	(*, *)
85 +	5	15,147	*	(*, *)
Total	256	1,823,061	14.0	(12.3 , 15.8)

Age Group	Female	3-Yr NH F Population	Age-Specific Rate/100,000	95% Confidence Interval
0 - 4	0	110,037	*	(*, *)
5 - 14	8	266,814	*	(*, *)
15 - 24	30	231,111	13.0	(8.8 , 18.5)
25 - 34	9	241,896	*	(*, *)
35 - 44	18	334,575	*	(*, *)
45 - 54	14	276,579	*	(*, *)
55 - 64	15	165,777	*	(*, *)
65 - 74	9	125,286	*	(*, *)
75 - 84	19	92,676	*	(*, *)
85 +	7	39,546	*	(*, *)
Total	129	1,884,297	6.8	(5.7 , 8)

*rates based on fewer than 20 do not meet standards of reliability or precision and are not reported.

Table 18. Unintentional Motor Vehicle Traffic Injury-Related Inpatient Hospitalization Rates by Age Group and Gender, 1997-2001

Age Group	Total	5-Year NH Population	Age-Specific Rate/100,000	95% Confidence Interval
< 1	4	72,120	*	(*, *)
1 - 4	16	297,455	*	(*, *)
5 - 9	53	421,825	12.6	(9.4 , 16.4)
10 - 14	89	466,105	19.1	(15.3 , 23.5)
15 - 19	438	420,950	104.1	(94.3 , 113.8)
20 - 24	331	334,350	99.0	(88.3 , 109.7)
25 - 29	252	399,745	63.0	(55.3 , 70.8)
30 - 34	253	490,285	51.6	(45.2 , 58)
35 - 39	264	575,290	45.9	(40.4 , 51.4)
40 - 44	240	538,935	44.5	(38.9 , 50.2)
45 - 49	201	437,240	46.0	(39.6 , 52.3)
50 - 54	169	366,070	46.2	(39.2 , 53.1)
55 - 59	141	264,855	53.2	(44.4 , 62)
60 - 64	107	197,520	54.2	(43.9 , 64.4)
65 - 69	99	200,315	49.4	(40.2 , 60.2)
70 - 74	122	182,275	66.9	(55.1 , 78.8)
75 - 79	107	149,315	71.7	(58.1 , 85.2)
80 - 84	99	101,650	97.4	(79.2 , 118.6)
> 85	72	89,370	80.6	(63 , 101.5)
Total	3,057	6,005,670	50.9	(49.1 , 52.7)

Age Group	Male	5-Yr NH M Population	Age-Specific Rate/100,000	95% Confidence Interval
< 1	2	36,630	*	(*, *)
1 - 4	6	150,935	*	(*, *)
5 - 9	32	216,470	14.8	(10.1 , 20.9)
10 - 14	55	238,060	23.1	(17.4 , 30.1)
15 - 19	262	213,590	122.7	(107.8 , 137.5)
20 - 24	242	166,765	145.1	(126.8 , 163.4)
25 - 29	168	195,070	86.1	(73.1 , 99.1)
30 - 34	169	242,865	69.6	(59.1 , 80.1)
35 - 39	165	288,735	57.1	(48.4 , 65.9)
40 - 44	141	271,745	51.9	(43.3 , 60.5)
45 - 49	120	221,460	54.2	(44.5 , 63.9)
50 - 54	92	183,370	50.2	(40.4 , 61.5)
55 - 59	75	131,860	56.9	(44.7 , 71.3)
60 - 64	52	95,540	54.4	(40.6 , 71.4)
65 - 69	40	94,875	42.2	(30.1 , 57.4)
70 - 74	47	81,105	57.9	(42.6 , 77.1)
75 - 79	47	61,935	75.9	(55.8 , 100.9)
80 - 84	35	38,845	90.1	(62.8 , 125.3)
> 85	33	24,850	132.8	(91.4 , 186.5)
Total	1,783	2,954,705	60.3	(57.5 , 63.1)

Age Group	Female	5-Yr NH F Population	Age-Specific Rate/100,000	95% Confidence Interval
< 1	2	35,490	*	(*, *)
1 - 4	10	146,520	*	(*, *)
5 - 9	21	205,355	10.2	(6.3 , 15.6)
10 - 14	34	228,045	14.9	(10.3 , 20.8)
15 - 19	176	207,360	84.9	(72.3 , 97.4)
20 - 24	89	167,585	53.1	(42.6 , 65.4)
25 - 29	84	204,675	41.0	(32.7 , 50.8)
30 - 34	84	247,420	34.0	(27.1 , 42)
35 - 39	99	286,555	34.5	(28.1 , 42.1)
40 - 44	99	267,190	37.1	(30.1 , 45.1)
45 - 49	81	215,780	37.5	(29.8 , 46.7)
50 - 54	77	182,700	42.1	(33.3 , 52.7)
55 - 59	66	132,995	49.6	(38.4 , 63.1)
60 - 64	55	101,980	53.9	(40.6 , 70.2)
65 - 69	59	105,440	56.0	(42.6 , 72.2)
70 - 74	75	101,170	74.1	(58.3 , 92.9)
75 - 79	60	87,380	68.7	(52.4 , 88.4)
80 - 84	64	62,805	101.9	(78.5 , 130.1)
> 85	39	64,520	60.4	(43 , 82.6)
Total	1,274	3,050,965	41.8	(39.5 , 44.1)

*rates based on fewer than 20 do not meet standards of reliability or precision and are not reported.

Table 19. Unintentional Motor Vehicle Traffic Injury-Related ED Visit Rates by Age Group and Gender, 1999-2001

Age Group	Total	3-Year NH Population	Age-Specific Rate/100,000	95% Confidence Interval
< 1	44	42,018	104.7	(76.1 , 140.6)
1 - 4	324	185,037	175.1	(156 , 194.2)
5 - 9	781	265,611	294.0	(273.4 , 314.7)
10 - 14	1,281	279,765	457.9	(432.8 , 483)
15 - 19	7,031	260,064	2,703.6	(2,640.4 , 2,766.8)
20 - 24	5,197	206,298	2,519.2	(2,450.7 , 2,587.7)
25 - 29	3,670	214,065	1,714.4	(1,659 , 1,769.9)
30 - 34	3,398	266,118	1,276.9	(1,233.9 , 1,319.8)
35 - 39	3,368	328,962	1,023.8	(989.2 , 1,058.4)
40 - 44	2,936	334,575	877.5	(845.8 , 909.3)
45 - 49	2,042	294,351	693.7	(663.6 , 723.8)
50 - 54	1,560	257,607	605.6	(575.5 , 635.6)
55 - 59	1,101	187,992	585.7	(551.1 , 620.3)
60 - 64	721	140,985	511.4	(474.1 , 548.7)
65 - 69	584	123,429	473.1	(434.8 , 511.5)
70 - 74	495	111,552	443.7	(404.6 , 482.8)
75 - 79	485	91,779	528.4	(481.4 , 575.5)
80 - 84	297	62,457	475.5	(421.4 , 529.6)
> 85	162	54,693	296.2	(250.6 , 341.8)
Total	35,477	3,707,358	956.9	(947 , 966.9)

Age Group	Male	3-Yr NH M Population	Age-Specific Rate/100,000	95% Confidence Interval
< 1	31	21,675	143.0	(97.2 , 203)
1 - 4	174	95,343	182.5	(155.4 , 209.6)
5 - 9	419	136,032	308.0	(278.5 , 337.5)
10 - 14	655	142,530	459.6	(424.4 , 494.7)
15 - 19	3,105	132,192	2,348.9	(2,266.2 , 2,431.5)
20 - 24	2,492	103,059	2,418.0	(2,323.1 , 2,513)
25 - 29	1,744	106,281	1,640.9	(1,563.9 , 1,717.9)
30 - 34	1,588	132,006	1,203.0	(1,143.8 , 1,262.1)
35 - 39	1,545	161,841	954.6	(907 , 1,002.2)
40 - 44	1,321	167,121	790.4	(747.8 , 833.1)
45 - 49	916	146,703	624.4	(584 , 664.8)
50 - 54	679	128,676	527.7	(488 , 567.4)
55 - 59	523	94,140	555.6	(507.9 , 603.2)
60 - 64	308	69,060	446.0	(396.2 , 495.8)
65 - 69	246	59,523	413.3	(361.6 , 464.9)
70 - 74	206	50,172	410.6	(354.5 , 466.7)
75 - 79	177	38,274	462.5	(394.3 , 530.6)
80 - 84	129	23,286	554.0	(458.4 , 649.6)
> 85	74	15,147	488.5	(383.6 , 613.3)
Total	16,332	1,823,061	895.9	(882.1 , 909.6)

Age Group	Female	3- Yr NH F Population	Age-Specific Rate/100,000	95% Confidence Interval
< 1	13	20,343	*	
1 - 4	150	89,694	167.2	(140.5 , 194)
5 - 9	362	129,579	279.4	(250.6 , 308.1)
10 - 14	626	137,235	456.2	(420.4 , 491.9)
15 - 19	3,926	127,872	3,070.3	(2,974.2 , 3,166.3)
20 - 24	2,705	103,239	2,620.1	(2,521.4 , 2,718.9)
25 - 29	1,926	107,784	1,786.9	(1,707.1 , 1,866.7)
30 - 34	1,810	134,112	1,349.6	(1,287.4 , 1,411.8)
35 - 39	1,823	167,121	1,090.8	(1,040.8 , 1,140.9)
40 - 44	1,615	167,454	964.4	(917.4 , 1,011.5)
45 - 49	1,126	147,648	762.6	(718.1 , 807.2)
50 - 54	881	128,931	683.3	(638.2 , 728.4)
55 - 59	578	93,852	615.9	(565.7 , 666.1)
60 - 64	413	71,925	574.2	(518.8 , 629.6)
65 - 69	338	63,906	528.9	(472.5 , 585.3)
70 - 74	289	61,380	470.8	(416.6 , 525.1)
75 - 79	308	53,505	575.6	(511.4 , 639.9)
80 - 84	168	39,171	428.9	(364 , 493.7)
> 85	88	39,546	222.5	(178.5 , 274.2)
Total	19,145	1,884,297	1,016.0	(1,001.6 , 1,030.4)

*rates based on fewer than 20 do not meet standards of reliability or precision and are not reported.

Table 20. Unintentional Motor Vehicle Traffic Injury-Related Death Rates by Traffic Type and Gender, 1999-2001

Traffic Type	Total	Age-Adjusted Rate/100,000	95% Confidence Interval
MV-Unspecified	164	4.5	(3.8 , 5.2)
MV-Occupant	134	3.7	(3.1 , 4.3)
MV-Motorcyclist	61	1.6	(1.2 , 2)
MV-Pedestrian	23	0.6	(0.4 , 0.9)
MV-Pedal cyclist	3	*	(*, *)
Total	385	10.5	(9.5 , 11.6)

Traffic Type	Male	Age-Adjusted Rate/100,000	95% Confidence Interval
MV-Unspecified	100	5.7	(4.6 , 6.9)
MV-Occupant	83	4.8	(3.8 , 5.8)
MV-Motorcyclist	56	3.0	(2.2 , 3.8)
MV-Pedestrian	14	*	(*, *)
MV-Pedal cyclist	3	*	(*, *)
Total	256	14.6	(12.8 , 16.4)

Traffic Type	Female	Age-Adjusted Rate/100,000	95% Confidence Interval
MV-Unspecified	64	3.3	(2.5 , 4.2)
MV-Occupant	51	2.7	(1.9 , 3.4)
MV-Motorcyclist	5	*	(*, *)
MV-Pedestrian	9	*	(*, *)
MV-Pedal cyclist	0	0.0	(*, *)
Total	129	6.8	(5.6 , 7.9)

*rates based on fewer than 20 do not meet standards of reliability or precision and are not reported.

Table 21. Unintentional Motor Vehicle Traffic Injury-Related Inpatient Hospitalization Rates by Traffic Type and Gender, 1997-2001

Traffic Type	Total	Age-Adjusted Rate/100,000	95% Confidence Interval
MV-Occupant	2,176	37.0	(35.4 , 38.6)
MV-Motorcyclist	499	8.1	(7.4 , 8.8)
MV-Pedestrian	234	4.0	(3.5 , 4.5)
MV-Unspecified	71	1.2	(0.9 , 1.5)
MV-Pedal cyclist	59	1.0	(0.7 , 1.2)
MV-Other	18	*	(*, *)
Total	3,057	51.5	(49.7 , 53.3)

Traffic Type	Male	Age-Adjusted Rate/100,000	95% Confidence Interval
MV-Occupant	1,140	40.2	(37.8 , 42.5)
MV-Motorcyclist	403	13.2	(11.9 , 14.5)
MV-Pedestrian	134	4.7	(3.9 , 5.5)
MV-Unspecified	40	1.4	(1 , 1.9)
MV-Pedal cyclist	48	1.6	(1.1 , 2)
MV-Other	18	*	(*, *)
Total	1,783	61.7	(58.8 , 64.6)

Traffic Type	Female	Age-Adjusted Rate/100,000	95% Confidence Interval
MV-Occupant	1,036	34.0	(31.9 , 36.1)
MV-Motorcyclist	96	3.0	(2.4 , 3.6)
MV-Pedestrian	100	3.3	(2.7 , 4)
MV-Unspecified	31	1.0	(0.7 , 1.4)
MV-Pedal cyclist	11	*	(*, *)
MV-Other	0	*	(*, *)
Total	1,274	41.7	(39.4 , 44)

*rates based on fewer than 20 do not meet standards of reliability or precision and are not reported.

Table 22. Unintentional Motor Vehicle Traffic Injury-Related ED Visit Rates by Traffic Type and Gender, 1999-2001

Traffic Type	Total	Age-Adjusted Rate/100,000	95% Confidence Interval
MV-Occupant	30,501	841.7	(832.3 , 851.2)
MV-Motorcyclist	1,806	49.1	(46.8 , 51.4)
MV-Unspecified	1,476	40.5	(38.5 , 42.6)
MV-Pedestrian	961	26.4	(24.7 , 28)
MV-Pedal cyclist	528	14.4	(13.2 , 15.7)
MV-Other	205	5.6	(4.9 , 6.4)
Total	35,477	977.8	(967.6 , 988)

Traffic Type	Male	Age-Adjusted Rate/100,000	95% Confidence Interval
MV-Occupant	13,010	726.4	(713.9 , 739)
MV-Motorcyclist	1,477	80.8	(76.6 , 84.9)
MV-Unspecified	719	40.0	(37 , 42.9)
MV-Pedestrian	572	31.6	(29 , 34.2)
MV-Pedal cyclist	422	22.9	(20.7 , 25.1)
MV-Other	132	7.3	(6.1 , 8.6)
Total	16,332	908.9	(894.9 , 923)

Traffic Type	Female	Age-Adjusted Rate/100,000	95% Confidence Interval
MV-Occupant	17,491	958.0	(943.8 , 972.3)
MV-Motorcyclist	329	17.5	(15.6 , 19.4)
MV-Unspecified	757	41.2	(38.2 , 44.1)
MV-Pedestrian	389	21.4	(19.2 , 23.5)
MV-Pedal cyclist	106	5.8	(4.7 , 6.9)
MV-Other	73	4.0	(3.1 , 4.9)
Total	19,145	1,048.0	(1,033.1 , 1,062.9)

Table 23. Average Length of Stay for Unintentional Motor Vehicle Traffic Injury-Related Inpatient Hospitalizations by Traffic Type, 1997-2001

Traffic Type	Ave LOS	Std Dev	Count	95% Confidence Interval
MV-Pedestrian	7.0	7.6	234	(6 , 8)
MV-Motorcyclist	6.6	8.5	499	(5.8 , 7.3)
MV-Occupant	6.0	8.1	2,176	(5.6 , 6.3)
MV-Pedal cyclist	5.7	9.0	59	(3.4 , 8.1)
MV-Other	5.1	5.5	18	(2.6 , 7.6)
MV-Unspecified	4.6	5.9	71	(3.2 , 6)

Table 24. Average Charges for Unintentional Motor Vehicle Traffic Injury-Related Inpatient Hospitalizations by Traffic Type, 2001

Traffic Type	Ave Charge	Std Dev	Count	95% Confidence Interval
MV-Motorcyclist	24,823	30,134	124	(19,519 , 30,127)
MV-Occupant	23,097	31,425	455	(20,209 , 25,985)
MV-Pedestrian	21,100	21,258	30	(13,493 , 28,707)
MV-Pedal cyclist	14,843	6,238	11	(11,156 , 18,530)
MV-Unspecified	12,159	10,715	14	(6,546 , 17,773)

Table 25. Average Charges for Unintentional Motor Vehicle Traffic Injury-Related ED Visits by Traffic Type, 2001

Traffic Type	Ave Charge	Std Dev	Count	95% Confidence Interval
MV-Motorcyclist	1,106	1,395	684	(1,001 , 1,211)
MV-Pedestrian	1,047	2,094	317	(817 , 1,278)
MV-Pedal cyclist	958	1,501	160	(725 , 1,190)
MV-Other	740	908	58	(506 , 974)
MV-Occupant	687	885	10,112	(670 , 704)
MV-Unspecified	486	624	513	(432 , 541)

Table 26. Unintentional Overexertion Injury-Related Inpatient Hospitalization Rates by Age Group and Gender, 1997-2001

Age Group	Total	5 Year NH Population	Age-Specific Rate/100,000	95% Confidence Interval
0 - 4	3	369,575	*	(*, *)
5 - 14	11	887,930	*	(*, *)
15 - 24	57	755,300	7.5	(5.7 , 9.8)
25 - 34	83	890,030	9.3	(7.4 , 11.6)
35 - 44	101	1,114,225	9.1	(7.3 , 10.8)
45 - 54	99	803,310	12.3	(10 , 15)
55 - 64	68	462,375	14.7	(11.4 , 18.6)
65 - 74	85	382,590	22.2	(17.7 , 27.5)
75 - 84	104	250,965	41.4	(33.5 , 49.4)
85 +	50	89,370	55.9	(41.5 , 73.8)
Total	661	6,005,670	11.0	(10.2 , 11.8)

Age Group	Male	5-Yr NH M Population	Age-Specific Rate/100,000	95% Confidence Interval
0 - 4	3	187,565	*	(*, *)
5 - 14	8	454,530	*	(*, *)
15 - 24	40	380,355	10.5	(7.5 , 14.3)
25 - 34	51	437,935	11.6	(8.7 , 15.3)
35 - 44	62	560,480	11.1	(8.5 , 14.2)
45 - 54	61	404,830	15.1	(11.5 , 19.4)
55 - 64	31	227,400	13.6	(9.3 , 19.4)
65 - 74	32	175,980	18.2	(12.4 , 25.7)
75 - 84	32	100,780	31.8	(21.7 , 44.8)
85 +	8	24,850	*	(*, *)
Total	328	2,954,705	11.1	(9.9 , 12.3)

Age Group	Female	5-Yr NH F Population	Age-Specific Rate/100,000	95% Confidence Interval
0 - 4	0	182,010	0.0	(*, *)
5 - 14	3	433,400	*	(*, *)
15 - 24	17	374,945	*	(*, *)
25 - 34	32	452,095	7.1	(4.8 , 10)
35 - 44	39	553,745	7.0	(5 , 9.6)
45 - 54	38	398,480	9.5	(6.7 , 13.1)
55 - 64	37	234,975	15.7	(11.1 , 21.7)
65 - 74	53	206,610	25.7	(19.2 , 33.6)
75 - 84	72	150,185	47.9	(37.5 , 60.4)
85 +	42	64,520	65.1	(46.9 , 88)
Total	333	3,050,965	10.9	(9.7 , 12.1)

*rates based on fewer than 20 do not meet standards of reliability or precision and are not reported.

Table 27. Unintentional Overexertion Injury-Related ED Visit Rates by Age Group and Gender, 1999-2001

Age Group	Total	3-Year NH Population	Age-Specific Rate/100,000	95% Confidence Interval
0 - 4	1,017	227,055	447.9	(420.4 , 475.4)
5 - 14	4,748	545,376	870.6	(845.8 , 895.4)
15 - 24	11,024	466,362	2,363.8	(2,319.7 , 2,408)
25 - 34	11,514	480,183	2,397.8	(2,354 , 2,441.6)
35 - 44	10,749	663,537	1,620.0	(1,589.3 , 1,650.6)
45 - 54	5,765	551,958	1,044.5	(1,017.5 , 1,071.4)
55 - 64	2,069	328,977	628.9	(601.8 , 656)
65 - 74	1,172	234,981	498.8	(470.2 , 527.3)
75 - 84	674	154,236	437.0	(404 , 470)
85 +	198	54,693	362.0	(311.6 , 412.4)
Total	48,930	3,707,358	1,319.8	(1,308.1 , 1,331.5)

Age Group	Male	3-Yr NH M Population	Age-Specific Rate/100,000	95% Confidence Interval
0 - 4	416	117,018	355.5	(321.3 , 389.7)
5 - 14	2,208	278,562	792.6	(759.6 , 825.7)
15 - 24	6,380	235,251	2,712.0	(2,645.4 , 2,778.5)
25 - 34	6,625	238,287	2,780.3	(2,713.3 , 2,847.2)
35 - 44	6,055	328,962	1,840.6	(1,794.3 , 1,887)
45 - 54	3,054	275,379	1,109.0	(1,069.7 , 1,148.4)
55 - 64	955	163,200	585.2	(548.1 , 622.3)
65 - 74	508	109,695	463.1	(422.8 , 503.4)
75 - 84	209	61,560	339.5	(293.5 , 385.5)
85 +	42	15,147	277.3	(199.8 , 374.8)
Total	26,452	1,823,061	1,451.0	(1,433.5 , 1,468.5)

Age Group	Female	3-Yr NH F Population	Age-Specific Rate/100,000	95% Confidence Interval
0 - 4	601	110,037	546.2	(502.5 , 589.8)
5 - 14	2,540	266,814	952.0	(915 , 989)
15 - 24	4,644	231,111	2,009.4	(1,951.6 , 2,067.2)
25 - 34	4,889	241,896	2,021.1	(1,964.5 , 2,077.8)
35 - 44	4,694	334,575	1,403.0	(1,362.8 , 1,443.1)
45 - 54	2,711	276,579	980.2	(943.3 , 1,017.1)
55 - 64	1,114	165,777	672.0	(632.5 , 711.4)
65 - 74	664	125,286	530.0	(489.7 , 570.3)
75 - 84	465	92,676	501.7	(456.1 , 547.4)
85 +	156	39,546	394.5	(332.6 , 456.4)
Total	22,478	1,884,297	1,192.9	(1,177.3 , 1,208.5)

Table 28. Unintentional Poisoning Injury-Related Inpatient Hospitalization Rates by Age Group and Gender, 1997-2001

Age Group	Total	5-Year NH Population	Age-Specific Rate/100,000	95% Confidence Interval
0 - 4	67	369,575	18.1	(14 , 23)
5 - 14	34	887,930	3.8	(2.7 , 5.4)
15 - 24	107	755,300	14.2	(11.5 , 16.9)
25 - 34	81	890,030	9.1	(7.2 , 11.3)
35 - 44	146	1,114,225	13.1	(11 , 15.2)
45 - 54	104	803,310	12.9	(10.5 , 15.4)
55 - 64	78	462,375	16.9	(13.3 , 21.1)
65 - 74	75	382,590	19.6	(15.4 , 24.6)
75 - 84	90	250,965	35.9	(28.8 , 44.1)
85 +	36	89,370	40.3	(28.2 , 55.8)
Total	818	6,005,670	13.6	(12.7 , 14.6)

Age Group	Male	5-Yr NH M Population	Age-Specific Rate/100,000	95% Confidence Interval
0 - 4	36	187,565	19.2	(13.4 , 26.6)
5 - 14	14	454,530	*	(* , *)
15 - 24	58	380,355	15.2	(11.6 , 19.7)
25 - 34	33	437,935	7.5	(5.2 , 10.6)
35 - 44	79	560,480	14.1	(11.2 , 17.6)
45 - 54	56	404,830	13.8	(10.4 , 18)
55 - 64	36	227,400	15.8	(11.1 , 21.9)
65 - 74	27	175,980	15.3	(10.1 , 22.3)
75 - 84	31	100,780	30.8	(20.9 , 43.7)
85 +	15	24,850	*	(* , *)
Total	385	2,954,705	13.0	(11.7 , 14.3)

Age Group	Female	5-Yr NH F Population	Age-Specific Rate/100,000	95% Confidence Interval
0 - 4	31	182,010	17.0	(11.6 , 24.2)
5 - 14	20	433,400	4.6	(2.8 , 7.1)
15 - 24	49	374,945	13.1	(9.7 , 17.3)
25 - 34	48	452,095	10.6	(7.8 , 14.1)
35 - 44	67	553,745	12.1	(9.4 , 15.4)
45 - 54	48	398,480	12.0	(8.9 , 16)
55 - 64	42	234,975	17.9	(12.9 , 24.2)
65 - 74	48	206,610	23.2	(17.1 , 30.8)
75 - 84	59	150,185	39.3	(29.9 , 50.7)
85 +	21	64,520	32.5	(20.1 , 49.8)
Total	433	3,050,965	14.2	(12.9 , 15.5)

*rates based on fewer than 20 do not meet standards of reliability or precision and are not reported.

Table 29. Unintentional Poisoning Injury-Related ED Visit Rates by Age Group and Gender, 1999-2001

Age Group	Total	3-Year NH Population	Age-Specific Rate/100,000	95% Confidence Interval
0 - 4	747	227,055	329.0	(305.4 , 352.6)
5 - 14	343	545,376	62.9	(56.2 , 69.5)
15 - 24	561	466,362	120.3	(110.3 , 130.2)
25 - 34	358	480,183	74.6	(66.8 , 82.3)
35 - 44	422	663,537	63.6	(57.5 , 69.7)
45 - 54	247	551,958	44.7	(39.2 , 50.3)
55 - 64	123	328,977	37.4	(30.8 , 44)
65 - 74	74	234,981	31.5	(24.7 , 39.5)
75 - 84	73	154,236	47.3	(37.1 , 59.5)
85 +	25	54,693	45.7	(29.6 , 67.5)
Total	2,973	3,707,358	80.2	(77.3 , 83.1)

Age Group	Male	3-Yr NH M Population	Age-Specific Rate/100,000	95% Confidence Interval
0 - 4	396	117,018	338.4	(305.1 , 371.7)
5 - 14	187	278,562	67.1	(57.5 , 76.8)
15 - 24	283	235,251	120.3	(106.3 , 134.3)
25 - 34	182	238,287	76.4	(65.3 , 87.5)
35 - 44	202	328,962	61.4	(52.9 , 69.9)
45 - 54	118	275,379	42.9	(35.1 , 50.6)
55 - 64	56	163,200	34.3	(25.9 , 44.6)
65 - 74	28	109,695	25.5	(17 , 36.9)
75 - 84	26	61,560	42.2	(27.6 , 61.9)
85 +	8	15,147	*	(*, *)
Total	1,486	1,823,061	81.5	(77.4 , 85.7)

Age Group	Female	3-Yr NH F Population	Age-Specific Rate/100,000	95% Confidence Interval
0 - 4	351	110,037	319.0	(285.6 , 352.4)
5 - 14	156	266,814	58.5	(49.3 , 67.6)
15 - 24	278	231,111	120.3	(106.1 , 134.4)
25 - 34	176	241,896	72.8	(62 , 83.5)
35 - 44	220	334,575	65.8	(57.1 , 74.4)
45 - 54	129	276,579	46.6	(38.6 , 54.7)
55 - 64	67	165,777	40.4	(31.3 , 51.3)
65 - 74	46	125,286	36.7	(26.9 , 49)
75 - 84	47	92,676	50.7	(37.3 , 67.4)
85 +	17	39,546	*	(*, *)
Total	1,487	1,884,297	78.9	(74.9 , 82.9)

*rates based on fewer than 20 do not meet standards of reliability or precision and are not reported.

Table 30. Unintentional Poisoning Injury-Related Inpatient Hospitalization Rates by Poison Type and Gender, 1997-2001

Poison Type	Total	Age-Adjusted Rate/100,000	95% Confidence Interval
Analgesics, Antipyretics, and Antirheumatics	203	3.4	(3 , 3.9)
Antibiotics	5	*	(* , *)
Anti-Infectives	3	*	(* , *)
Barbiturates	8	*	(* , *)
Other Drugs	182	3.2	(2.7 , 3.6)
Other Drugs acting on Central and Autonomic Nervous System	62	1.1	(0.8 , 1.3)
Other Solid and Liquid Substances, Gases, and Vapors	114	2.0	(1.6 , 2.3)
Psychotropic Agents	102	1.7	(1.4 , 2)
Sedatives and Hypnotics	27	0.4	(0.3 , 0.6)
Tranquilizers	112	1.8	(1.5 , 2.2)
Total	818	13.9	(12.9 , 14.8)

Poison Type	Male	Age-Adjusted Rate/100,000	95% Confidence Interval
Analgesics, Antipyretics, and Antirheumatics	89	3.2	(2.5 , 3.8)
Antibiotics	3	*	(* , *)
Anti-Infectives	1	*	(* , *)
Barbiturates	2	*	(* , *)
Other Drugs	78	3.1	(2.4 , 3.8)
Other Drugs acting on Central and Autonomic Nervous System	37	1.3	(0.9 , 1.7)
Other Solid and Liquid Substances, Gases, and Vapors	67	2.3	(1.8 , 2.9)
Psychotropic Agents	43	1.4	(1 , 1.9)
Sedatives and Hypnotics	14	*	(* , *)
Tranquilizers	51	1.7	(1.3 , 2.2)
Total	385	13.8	(12.4 , 15.2)

Poison Type	Female	Age-Adjusted Rate/100,000	95% Confidence Interval
Analgesics, Antipyretics, and Antirheumatics	114	3.8	(3.1 , 4.5)
Antibiotics	2	*	(* , *)
Anti-Infectives	2	*	(* , *)
Barbiturates	6	*	(* , *)
Other Drugs	104	3.2	(2.6 , 3.9)
Other Drugs acting on Central and Autonomic Nervous System	25	0.8	(0.5 , 1.2)
Other Solid and Liquid Substances, Gases, and Vapors	47	1.6	(1.1 , 2.1)
Psychotropic Agents	59	2.0	(1.5 , 2.5)
Sedatives and Hypnotics	13	*	(* , *)
Tranquilizers	61	1.9	(1.5 , 2.4)
Total	433	14.1	(12.7 , 15.4)

*rates based on fewer than 20 do not meet standards of reliability or precision and are not reported.

Table 31. Unintentional Poisoning Injury-Related ED Visit Rates by Poison Type and Gender, 1999-2001

Poison Type	Total	Age-Adjusted Rate/100,000	95% Confidence Interval
Other Solid and Liquid Substances, Gases, and Vapors	1,354	37.4	(35.4 , 39.5)
Other Drugs	626	17.7	(16.3 , 19.1)
Analgesics, Antipyretics, and Antirheumatics	356	10.2	(9.1 , 11.2)
Psychotropic Agents	257	7.3	(6.4 , 8.2)
Tranquilizers	161	4.4	(3.7 , 5.1)
Other Drugs acting on Central and Autonomic Nervous System	145	4.1	(3.4 , 4.7)
Sedatives and Hypnotics	46	1.3	(0.9 , 1.7)
Total	2,973	83.2	(80.2 , 86.2)

Poison Type	Male	Age-Adjusted Rate/100,000	95% Confidence Interval
Other Solid and Liquid Substances, Gases, and Vapors	728	40.4	(37.4 , 43.3)
Other Drugs	297	17.1	(15.1 , 19)
Analgesics, Antipyretics, and Antirheumatics	144	8.2	(6.8 , 9.5)
Psychotropic Agents	129	7.3	(6 , 8.6)
Tranquilizers	75	4.1	(3.2 , 5.1)
Other Drugs acting on Central and Autonomic Nervous System	78	4.4	(3.4 , 5.4)
Sedatives and Hypnotics	20	1.1	(0.6 , 1.6)
Total	1,486	83.4	(79.1 , 87.6)

Poison Type	Female	Age-Adjusted Rate/100,000	95% Confidence Interval
Other Solid and Liquid Substances, Gases, and Vapors	626	34.5	(31.8 , 37.2)
Other Drugs	329	18.4	(16.4 , 20.4)
Analgesics, Antipyretics, and Antirheumatics	212	12.2	(10.6 , 13.9)
Psychotropic Agents	128	7.3	(6.1 , 8.6)
Tranquilizers	86	4.7	(3.7 , 5.7)
Other Drugs acting on Central and Autonomic Nervous System	67	3.8	(2.8 , 4.7)
Sedatives and Hypnotics	26	1.4	(0.9 , 2)
Total	1,487	83.0	(78.7 , 87.2)

Table 32. Average Length of Stay for Unintentional Poisoning Injury-Related Inpatient Hospitalizations by Poison Type, 1997-2001

Poison Type	Ave LOS	Std Dev	Count	95% Confidence Interval
Sedatives and Hypnotics	4.4	7.5	27	(1.5 , 7.2)
Analgesics, Antipyretics, and Antirheumatics	3.1	2.6	203	(2.7 , 3.4)
Other Drugs acting on Central and Autonomic Nervous System	3.0	3.4	62	(2.2 , 3.8)
Other Drugs	3.0	3.0	182	(2.5 , 3.4)
Tranquilizers	2.4	2.6	112	(1.9 , 2.9)
Psychotropic Agents	2.4	2.7	102	(1.8 , 2.9)
Other Solid and Liquid Substances, Gases, and Vapors	2.0	1.8	114	(1.7 , 2.3)

Table 33. Average Charges for Unintentional Poisoning Injury-Related Inpatient Hospitalizations by Poison Type, 2001

Poison Type	Ave Charge	Std Dev	Count	95% Confidence Interval
Analgesics, Antipyretics, and Antirheumatics	7,661	4,075	39	(6,382 , 8,940)
Other Drugs	7,056	6,882	44	(5,023 , 9,090)
Other Drugs acting on Central and Autonomic Nervous System	8,257	11,471	15	(2,452 , 14,062.8)
Other Solid and Liquid Substances, Gases, and Vapors	5,562	4,551	21	(3,616 , 7,509)
Psychotropic Agents	8,332	10,795	34	(4,704 , 11,961)
Tranquilizers	5,979	7,929	23	(2,738 , 9,219)

Table 34. Average Charges for Unintentional Poisoning Injury-Related ED Visits by Poison Type, 2001

Poison Type	Ave Charge	Std Dev	Count	95% Confidence Interval
Other Drugs acting on Central and Autonomic Nervous System	891	688	57	(712 , 1,070)
Tranquilizers	821	770	53	(614 , 1,029)
Analgesics, Antipyretics, and Antirheumatics	795	740	127	(666.8 , 924)
Psychotropic Agents	669	727	92	(520 , 817)
Other Drugs	564	620	204	(479 , 649)
Other Solid and Liquid Substances, Gases, and Vapors	375	394	377	(335 , 414)

Table 35. Unintentional Struck by/Against Injury-Related Inpatient Hospitalization Rates by Age Group, 1997-2001

Age Group	Total	5-Year NH Population	Age-Specific Rate/100,000	95% Confidence Interval
0 - 4	8	369,575	*	(*, *)
5 - 14	114	887,930	12.8	(10.5 , 15.2)
15 - 24	146	755,300	19.3	(16.2 , 22.5)
25 - 34	92	890,030	10.3	(8.3 , 12.7)
35 - 44	105	1,114,225	9.4	(7.6 , 11.2)
45 - 54	61	803,310	7.6	(5.8 , 9.8)
55 - 64	37	462,375	8.0	(5.6 , 11)
65 - 74	34	382,590	8.9	(6.2 , 12.4)
75 - 84	36	250,965	14.3	(10 , 19.9)
85 +	16	89,370	*	(*, *)
Total	649	6,005,670	10.8	(10 , 11.6)

Age Group	Male	5-Yr NH M Population	Age-Specific Rate/100,000	95% Confidence Interval
0 - 4	7	187,565	*	(*, *)
5 - 14	84	454,530	18.5	(14.7 , 22.9)
15 - 24	122	380,355	32.1	(26.4 , 37.8)
25 - 34	81	437,935	18.5	(14.7 , 23)
35 - 44	87	560,480	15.5	(12.4 , 19.1)
45 - 54	50	404,830	12.4	(9.2 , 16.3)
55 - 64	30	227,400	13.2	(8.9 , 18.8)
65 - 74	21	175,980	11.9	(7.4 , 18.2)
75 - 84	18	100,780	*	(*, *)
85 +	4	24,850	*	(*, *)
Total	504	2,954,705	17.1	(15.6 , 18.5)

Age Group	Female	5-Yr NH F Population	Age-Specific Rate/100,000	95% Confidence Interval
0 - 4	1	182,010	*	(*, *)
5 - 14	30	433,400	6.9	(4.7 , 9.9)
15 - 24	24	374,945	6.4	(4.1 , 9.5)
25 - 34	11	452,095	*	(*, *)
35 - 44	18	553,745	*	(*, *)
45 - 54	11	398,480	*	(*, *)
55 - 64	7	234,975	*	(*, *)
65 - 74	13	206,610	*	(*, *)
75 - 84	18	150,185	*	(*, *)
85 +	12	64,520	*	(*, *)
Total	145	3,050,965	4.8	(4 , 5.5)

*rates based on fewer than 20 do not meet standards of reliability or precision and are not reported.

Table 36. Unintentional Struck by/Against Injury-Related ED Visit Rates by Age Group and Gender, 1999-2001

Age Group	Total	3-Year NH Population	Age-Specific Rate/100,000	95% Confidence Interval
0 - 4	4,450	227,055	1,959.9	(1,902.3 , 2,017.5)
5 - 14	16,165	545,376	2,964.0	(2,918.3 , 3,009.7)
15 - 24	16,198	466,362	3,473.3	(3,419.8 , 3,526.8)
25 - 34	10,242	480,183	2,132.9	(2,091.6 , 2,174.2)
35 - 44	9,420	663,537	1,419.7	(1,391 , 1,448.3)
45 - 54	4,884	551,958	884.8	(860 , 909.7)
55 - 64	2,031	328,977	617.4	(590.5 , 644.2)
65 - 74	1,121	234,981	477.1	(449.1 , 505)
75 - 84	820	154,236	531.7	(495.3 , 568)
85 +	355	54,693	649.1	(581.6 , 716.6)
Total	65,686	3,707,358	1,771.8	(1,758.2 , 1,785.3)

Age Group	Male	3-Yr NH M Population	Age-Specific Rate/100,000	95% Confidence Interval
0 - 4	2,789	117,018	2,383.4	(2,294.9 , 2,471.9)
5 - 14	10,633	278,562	3,817.1	(3,744.5 , 3,889.7)
15 - 24	11,207	235,251	4,763.8	(4,675.6 , 4,852)
25 - 34	6,704	238,287	2,813.4	(2,746.1 , 2,880.8)
35 - 44	6,060	328,962	1,842.2	(1,795.8 , 1,888.5)
45 - 54	3,008	275,379	1,092.3	(1,053.3 , 1,131.3)
55 - 64	1,180	163,200	723.0	(681.8 , 764.3)
65 - 74	576	109,695	525.1	(482.2 , 568)
75 - 84	328	61,560	532.8	(475.2 , 590.5)
85 +	100	15,147	660.2	(530.8 , 789.6)
Total	42,585	1,823,061	2,335.9	(2,313.7 , 2,358.1)

Age Group	Female	3-Yr NH F Population	Age Specific Rate/100,000	95% Confidence Interval
0 - 4	1,661	110,037	1,509.5	(1,436.9 , 1,582.1)
5 - 14	5,532	266,814	2,073.4	(2,018.7 , 2,128)
15 - 24	4,991	231,111	2,159.6	(2,099.7 , 2,219.5)
25 - 34	3,538	241,896	1,462.6	(1,414.4 , 1,510.8)
35 - 44	3,360	334,575	1,004.3	(970.3 , 1,038.2)
45 - 54	1,876	276,579	678.3	(647.6 , 709)
55 - 64	851	165,777	513.3	(478.8 , 547.8)
65 - 74	545	125,286	435.0	(398.5 , 471.5)
75 - 84	492	92,676	530.9	(484 , 577.8)
85 +	255	39,546	644.8	(565.7 , 724)
Total	23,101	1,884,297	1,226.0	(1,210.2 , 1,241.8)

Table 37. Unintentional Struck by/Against Injury-Related Inpatient Hospitalization Rates by Top Three Mechanisms/Causes, 1997-2001

Mechanism/Cause	Total	Age-Adjusted Rate/100,000	95% Confidence Interval
Struck By Obj/Person Nec	267	4.5	(3.9 , 5)
Struck In Sports	221	3.7	(3.2 , 4.2)
Struck By Falling Object	156	2.6	(2.2 , 3)
Total	649	10.9	(10 , 11.7)

Mechanism/Cause	Male	Age-Adjusted Rate/100,000	95% Confidence Interval
Struck By Obj/Person Nec	175	6.0	(5.1 , 6.9)
Struck In Sports	178	6.0	(5.1 , 6.9)
Struck By Falling Object	147	4.9	(4.1 , 5.7)
Total	504	17.1	(15.6 , 18.6)

Mechanism/Cause	Female	Age-Adjusted Rate/100,000	95% Confidence Interval
Struck By Obj/Person Nec	92	2.9	(2.3 , 3.5)
Struck In Sports	43	1.5	(1 , 1.9)
Struck By Falling Object	9	*	(*, *)
Total	145	4.7	(3.9 , 5.4)

Table 38. Unintentional Struck by/Against Injury-Related ED Visit Rates by Mechanism/Cause, 1999-2001

Struck by/Against Mechanism	Total	Age-Adjusted Rate/100,000	95% Confidence Interval
Struck by Object/Person nec	43,668	1,199.4	(1,188.1 , 1,210.7)
Struck in Sports	14,991	416.3	(409.7 , 423)
Struck by Falling Object	6,596	179.4	(175 , 183.7)
Stat Obj w/ or w/o sub fall nec	144	4.0	(3.3 , 4.6)
Sports Acc w/ sub fall	118	3.3	(2.7 , 3.9)
Furniture Acc w/ or w/o sub fall	95	2.7	(2.1 , 3.2)
Crowd Accident	42	1.2	(0.8 , 1.6)
Struck in Running water	32	0.9	(0.6 , 1.2)
Total	65,686	1,807.1	(1,793.3 , 1,821)

Struck by/Against Mechanism	Male	Age-Adjusted Rate/100,000	95% Confidence Interval
Struck by Object/Person nec	27,250	1,498.5	(1,480.6 , 1,516.4)
Struck in Sports	10,859	597.8	(586.5 , 609)
Struck by Falling Object	4,206	229.9	(222.9 , 236.9)
Stat Obj w/ or w/o sub fall nec	80	4.4	(3.4 , 5.3)
Sports Acc w/ sub fall	92	5.1	(4 , 6.1)
Furniture Acc w/ or w/o sub fall	54	3.0	(2.2 , 3.9)
Crowd Accident	26	1.5	(0.9 , 2)
Total	42,567	2,341.1	(2,318.7 , 2,363.4)

Struck by/Against Mechanism	Female	Age-Adjusted Rate/100,000	95% Confidence Interval
Struck by Object/Person nec	16,418	895.9	(882.1 , 909.7)
Struck in Sports	4,132	231.9	(224.8 , 239)
Struck by Falling Object	2,390	129.2	(124 , 134.4)
Stat Obj w/ or w/o sub fall nec	64	3.5	(2.6 , 4.4)
Sports Acc w/ sub fall	26	1.5	(0.9 , 2)
Furniture Acc w/ or w/o sub fall	41	2.3	(1.6 , 3)
Total	23,071	1,266.0	(1,249.6 , 1,282.3)

Rates were not calculated for those categories with a frequency less than 20.

Table 39. Average Length of Stay for Unintentional Struck by/Against Injury-Related Inpatient Hospitalizations by Mechanism, 1997-2001

Mechanism/Cause	Ave LOS	Std Dev	Count	95% Confidence Interval
Struck By Falling Object	4.2	5.7	156	(3.3 , 5.1)
Struck By Obj/Person Nec	3.3	2.9	267	(3 , 3.7)
Struck In Sports	3.1	3.2	221	(2.7 , 3.5)

Table 40. Average Charges for Unintentional Struck by/Against Injury-Related Inpatient Hospitalizations by Mechanism, 2001

Mechanism/Cause	Ave Charge	Std Dev	Count	95% Confidence Interval
Struck By Falling Object	12,313	12,656	33	(7,995 , 16,631)
Struck By Obj/Person Nec	8,959	6,873	45	(6,951 , 10,967)
Struck In Sports	9,821	5,671	30	(7,791 , 11,850)

Table 41. Average Charges for Unintentional Struck by/Against Injury-Related ED Visits by Mechanism, 2001

Struck by/Against Mechanism	Ave Charge	Std Dev	Count	95% Confidence Interval
Sports Acc w/ sub fall	534	441	118	(454 , 613)
Struck in Sports	447	341	5,086	(438 , 456)
Struck by Falling Object	438	398	2,224	(422 , 455)
Stat Obj w/ or w/o sub fall nec	425	354	144	(367 , 483)
Furniture Acc w/ or w/o sub fall	388	315	95	(325 , 451)
Struck by Object/Person nec	382	312	14,796	(377 , 387)

Table 42. Assault Injury-Related Inpatient Hospitalization Rates by Age Group, 1997-2001

Age Group	Total	5-Year NH Population	Age-Specific Rate/100,000	95% Confidence Interval
0 - 4	38	369,575	10.3	(7.3 , 14.1)
5 - 14	10	887,930	*	(*, *)
15 - 24	107	755,300	14.2	(11.5 , 16.9)
25 - 34	62	890,030	7.0	(5.3 , 8.9)
35 - 44	66	1,114,225	5.9	(4.6 , 7.5)
45 - 54	30	803,310	3.7	(2.5 , 5.3)
55 +	20	1,185,300	1.7	(1.0 , 2.6)
Total	333	6,005,670	5.5	(4.9 , 6.1)

*rates based on fewer than 20 do not meet standards of reliability or precision and are not reported.

Table 43. Assault Injury-Related Inpatient Hospitalization Rates by Mechanism/Cause, 1997-2001

Mechanism	N	Age-Adjusted Rate/100,000	95% Confidence Interval
Struck by or against	157	2.6	(2.2 , 3.0)
Cut/pierce	54	0.9	(0.7 , 1.1)
Other specified classifiable	39	0.7	(0.5 , 0.9)
Unspecified	37	0.6	(0.4 , 0.8)
Other specified nec	20	0.3	(0.2 , 0.5)
Firearm	19	*	(*, *)
Fall	3	*	(*, *)
Fire/burn	3	*	(*, *)
Poisoning	1	*	(*, *)
Total	333	5.6	(5.0 , 6.2)

*rates based on fewer than 20 do not meet standards of reliability or precision and are not reported.

Table 44. Average Length of Stay for Assault Injury-Related Inpatient Hospitalizations by Mechanism/Cause, 1997-2001

Mechanism/Cause	Avg LOS	Std Dev	Count	95% Confidence Interval
Firearm	5.2	7.1	19	(2 , 8.4)
Other specified nec	4.6	6.4	20	(1.8 , 7.3)
Other specified classifiable	4.4	5.0	39	(2.9 , 6)
Cut/pierce	3.9	3.4	54	(2.9 , 4.8)
Struck by or against	3.4	6.2	157	(2.4 , 4.3)
Unspecified	2.6	1.6	37	(2.1 , 3.1)

Table 45. Average Charges for Assault Injury-Related Inpatient Hospitalizations by Mechanism/Cause, 2001

Mechanism/Cause	Ave Charge	Std Dev	Count	95% Confidence Interval
Struck by or against	14,961	26,992	44	(6,985 , 22,937)
Cut/pierce	9,587	5,058	10	(6,452 , 12,723)
Other specified classifiable	6,819	6,216	11	(3,145 , 10,493)

Table 46. Assault Injury-Related ED Visit Rates by Age Group, 1999-2001

Age Group	Total	3-Year NH Population	Age-Specific Rate/100,000	95% Confidence Interval
0 - 4	82	227,055	36.1	(28.3 , 43.9)
5 - 14	640	545,376	117.4	(108.3 , 126.4)
15 - 24	3,405	466,362	730.1	(705.6 , 754.6)
25 - 34	1,998	480,183	416.1	(397.8 , 434.3)
35 - 44	1,598	663,537	240.8	(229 , 252.6)
45 - 54	555	551,958	100.6	(92.2 , 108.9)
55 - 64	131	328,977	39.8	(33 , 46.6)
65 - 74	50	234,981	21.3	(15.8 , 28.1)
75 - 84	14	154,236	*	(*, *)
85 +	8	54,693	*	(*, *)
Total	,8481	3,707,358	228.8	(223.9 , 233.6)

Age Group	Male	3-Year NH M Population	Age-Specific Rate/100,000	95% Confidence Interval
0 - 4	44	117,018	37.6	(27.3 , 50.5)
5 - 14	428	278,562	153.6	(139.1 , 168.2)
15 - 24	2,329	235,251	990.0	(949.8 , 1,030.2)
25 - 34	1,101	238,287	462.0	(434.8 , 489.3)
35 - 44	865	328,962	262.9	(245.4 , 280.5)
45 - 54	330	275,379	119.8	(106.9 , 132.8)
55 - 64	71	163,200	43.5	(34 , 54.9)
65 - 74	30	109,695	27.3	(18.5 , 39)
75 - 84	7	61,560	*	(*, *)
85 +	5	15,147	*	(*, *)
Total	5,210	1,823,061	285.8	(278 , 293.5)

Age Group	Female	3-Year NH F Population	Age-Specific Rate/100,000	95% Confidence Interval
0 - 4	38	110,037	34.5	(24.4 , 47.4)
5 - 14	212	266,814	79.5	(68.8 , 90.2)
15 - 24	1,076	231,111	465.6	(437.8 , 493.4)
25 - 34	897	241,896	370.8	(346.6 , 395.1)
35 - 44	733	334,575	219.1	(203.2 , 234.9)
45 - 54	225	276,579	81.4	(70.7 , 92)
55 - 64	60	165,777	36.2	(27.6 , 46.6)
65 - 74	20	125,286	16.0	(9.8 , 24.7)
75 - 84	7	92,676	*	(*, *)
85 +	3	39,546	*	(*, *)
Total	3,271	1,884,297	173.6	(167.6 , 179.5)

*rates based on fewer than 20 do not meet standards of reliability or precision and are not reported.

Table 47. Assault Injury-Related ED Visit Rates by Mechanism/Cause, 1999-2001

Mechanism/Cause	Total	Age-Adjusted Rate/100,000	95% Confidence Interval
Struck by or against	5,011	139.8	(136 , 143.7)
Other specified nec	1,383	38.1	(36 , 40.1)
Other specified classifiable	936	25.7	(24.1 , 27.4)
Unspecified	821	22.6	(21.1 , 24.2)
Cut/pierce	239	6.7	(5.9 , 7.6)
Fire/burn	24	0.7	(0.4 , 0.9)
Total	8,414	235.5	(230.4 , 240.5)

Mechanism/Cause	Male	Age-Adjusted Rate/100,000	95% Confidence Interval
Struck by or against	3,523	197.0	(190.5 , 203.5)
Other specified nec	759	41.9	(38.9 , 44.9)
Other specified classifiable	204	11.3	(9.7 , 12.9)
Unspecified	470	25.9	(23.6 , 28.3)
Cut/pierce	201	11.4	(9.8 , 12.9)
Total	5,157	290.4	(282.5 , 298.3)

Mechanism/Cause	Female	Age-Adjusted Rate/100,000	95% Confidence Interval
Struck by or against	1,488	82.4	(78.2 , 86.7)
Other specified nec	624	34.2	(31.5 , 36.9)
Other specified classifiable	732	40.1	(37.1 , 43)
Unspecified	351	19.2	(17.2 , 21.2)
Cut/pierce	38	2.1	(1.4 , 2.8)
Total	3,233	180.0	(173.8 , 186.2)

Rates were not calculated for those categories with a frequency less than 20.

Table 48. Average Charges for Assault Injury-Related ED Visits by Mechanism/Cause, 2001

Mechanism/Cause	Ave Charge	Std Dev	Count	95% Confidence Interval
Cut/pierce	872	1,085	94	(653 , 1,092)
Other specified nec	671	726	443	(604 , 739)
Struck by or against	665	711	1,582	(630 , 700)
Unspecified	575	613	261	(500 , 649)
Other specified classifiable	553	605	410	(495 , 612)

Table 49. Assault Struck by/Against Injury-Related ED Visit Rates by Age Group, 1999-2001

Age Group	Total	3-Year NH Population	Age-Specific Rate/100,000	95% Confidence Interval
0 - 4	10	227,055	*	(*, *)
5 - 14	401	545,376	73.5	(66.3 , 80.7)
15 - 24	2,225	466,362	477.1	(457.3 , 496.9)
25 - 34	1,139	480,183	237.2	(223.4 , 251)
35 - 44	853	663,537	128.6	(119.9 , 137.2)
45 - 54	285	551,958	51.6	(45.6 , 57.6)
55 - 64	67	328,977	20.4	(15.8 , 25.9)
65 - 74	21	234,981	8.9	(5.5 , 13.7)
75 - 84	5	154,236	*	(*, *)
85 +	5	54,693	*	(*, *)
Total	5,011	3,707,358	135.2	(131.4 , 138.9)

Age Group	Male	3-Year NH M Population	Age-Specific Rate/100,000	95% Confidence Interval
0 - 4	8	117,018	*	(*, *)
5 - 14	289	278,562	103.7	(91.8 , 115.7)
15 - 24	1,667	235,251	708.6	(674.6 , 742.6)
25 - 34	744	238,287	312.2	(289.8 , 334.7)
35 - 44	548	328,962	166.6	(152.6 , 180.5)
45 - 54	203	275,379	73.7	(63.6 , 83.9)
55 - 64	42	163,200	25.7	(18.5 , 34.8)
65 - 74	15	109,695	*	(*, *)
75 - 84	2	61,560	*	(*, *)
85 +	5	15,147	*	(*, *)
Total	3,523	1,823,061	193.2	(186.9 , 199.6)

Age Group	Female	3-Year NH F Population	Age-Specific Rate/100,000	95% Confidence Interval
0 - 4	2	110,037	*	(*, *)
5 - 14	112	266,814	42.0	(34.2 , 49.8)
15 - 24	558	231,111	241.4	(221.4 , 261.5)
25 - 34	395	241,896	163.3	(147.2 , 179.4)
35 - 44	305	334,575	91.2	(80.9 , 101.4)
45 - 54	82	276,579	29.6	(23.6 , 36.8)
55 - 64	25	165,777	15.1	(9.8 , 22.3)
65 - 74	6	125,286	*	(*, *)
75 - 84	3	92,676	*	(*, *)
85 +	0	39,546	*	(*, *)
Total	1,488	1,884,297	79.0	(75 , 83)

*rates based on fewer than 20 do not meet standards of reliability or precision and are not reported.

Table 50. Assault Struck by/Against Injury-Related Inpatient Hospitalization Rates by Mechanism, 1997-2001

Mechanism of Struck by/Against	Total	Age-Adjusted Rate/100,000	95% Confidence Interval
Unarmed Fight Or Brawl	126	2.1	(1.7 , 2.5)
Assault-Striking W Obj	31	0.5	(0.3 , 0.7)
Total	157	2.6	(2.2 , 3.0)

Table 51. Assault Struck by/Against Injury-Related ED Visit Rates by Mechanism, 1999-2001

Struck by/Against Mechanism	Total	Age-Adjusted Rate/100,000	95% Confidence Interval
Unarmed Fight or Brawl	4,443	124.1	(120.4 , 127.7)
Assault - Striking with Object	568	15.8	(14.5 , 17.1)
Total	5,011	139.8	(136 , 143.7)

Struck by/Against Mechanism	Male	Age-Adjusted Rate/100,000	95% Confidence Interval
Unarmed Fight or Brawl	3,102	173.6	(167.4 , 179.7)
Assault - Striking with Object	421	23.4	(21.2 , 25.7)
Total	3,523	197.0	(190.5 , 203.5)

Struck by/Against Mechanism	Female	Age-Adjusted Rate/100,000	95% Confidence Interval
Unarmed Fight or Brawl	1,341	74.4	(70.4 , 78.4)
Assault - Striking with Object	147	8.1	(6.8 , 9.4)
Total	1,488	82.4	(78.2 , 86.7)

Table 52. Average Length of Stay for Assault Struck by/Against Injury-Related Inpatient Hospitalizations by Mechanism, 1997-2001

Mechanism/Cause	Ave LOS	Std Dev	Count	95% Confidence Interval
Unarmed Fight or Brawl	3.5	6.9	126	(2.3 , 4.7)
Assault - Striking with Object	2.9	2.3	31	(2.1 , 3.8)

Table 53. Average Charges for Assault Struck by/Against Injury-Related Inpatient Hospitalizations by Mechanism, 2001

Mechanism/Cause	Ave Charge	Std Dev	Count	95% Confidence Interval
Unarmed Fight or Brawl	16,316	30,896	33	(5,775 , 26,858)
Assault - Striking with Object	10,894	7,348	11	(6,551 , 15,237)

Table 54. Average Charges for Assault Struck by/Against Injury-Related ED Visits by Mechanism/Cause, 2001

Struck by/Against Mechanism	Ave Charge	Std Dev	Count	95% Confidence Interval
Assault - Striking with Object	818	828	187	(699 , 937)
Unarmed Fight or Brawl	645	692	1,395	(608 , 681)

Table 55. Self-Inflicted Injury-Related Death Rates by Age Group, 1999-2001

Age Group	Total	3-Year NH Population	Age-Specific Rate/100,000	95% Confidence Interval
5 - 14	6	545,376	*	(*, *)
15 - 24	63	466,362	13.5	(10.4 , 17.3)
25 - 34	81	480,183	16.9	(13.4 , 21)
35 - 44	116	663,537	17.5	(14.3 , 20.7)
45 - 54	89	551,958	16.1	(12.9 , 19.8)
55 - 64	39	328,977	11.9	(8.4 , 16.2)
65 - 74	24	234,981	10.2	(6.5 , 15.2)
75 - 84	27	154,236	17.5	(11.5 , 25.5)
85 +	10	54,693	*	(*, *)
Total	455	3,480,303	13.1	(11.9 , 14.3)

*rates based on fewer than 20 do not meet standards of reliability or precision and are not reported.

Table 56. Self-Inflicted Injury-Related Inpatient Hospitalization Rates by Age Group and Gender, 1997-2001

Age Group	Total	5-Year NH Population	Age-Specific Rate/100,000	95% Confidence Interval
0 - 4	0	369,575	*	(*, *)
5 - 14	89	887,930	10.0	(8 , 12.3)
15 - 24	796	755,300	105.4	(98.1 , 112.7)
25 - 34	742	890,030	83.4	(77.4 , 89.4)
35 - 44	932	1,114,225	83.6	(78.3 , 89)
45 - 54	554	803,310	69.0	(63.2 , 74.7)
55 - 64	130	462,375	28.1	(23.3 , 32.9)
65 - 74	62	382,590	16.2	(12.4 , 20.8)
75 - 84	27	250,965	10.8	(7.1 , 15.7)
85 +	9	89,370	*	(*, *)
Total	3,341	6,005,670	55.6	(53.7 , 57.5)

Age Group	Male	5-Yr NH M Population	Age-Specific Rate/100,000	95% Confidence Interval
0 - 4	0	187,565	*	(*, *)
5 - 14	22	454,530	4.8	(3 , 7.3)
15 - 24	261	380,355	68.6	(60.3 , 76.9)
25 - 34	278	437,935	63.5	(56 , 70.9)
35 - 44	286	560,480	51.0	(45.1 , 56.9)
45 - 54	209	404,830	51.6	(44.6 , 58.6)
55 - 64	54	227,400	23.7	(17.8 , 31)
65 - 74	16	175,980	*	(*, *)
75 - 84	8	100,780	*	(*, *)
85 +	5	24,850	*	(*, *)
Total	1,139	2,954,705	38.5	(36.3 , 40.8)

Age Group	Female	5-Yr NH F Population	Age-Specific Rate/100,000	95% Confidence Interval
0 - 4	0	182,010	*	(*, *)
5 - 14	67	433,400	15.5	(12 , 19.6)
15 - 24	535	374,945	142.7	(130.6 , 154.8)
25 - 34	464	452,095	102.6	(93.3 , 112)
35 - 44	646	553,745	116.7	(107.7 , 125.7)
45 - 54	345	398,480	86.6	(77.4 , 95.7)
55 - 64	76	234,975	32.3	(25.5 , 40.5)
65 - 74	46	206,610	22.3	(16.3 , 29.7)
75 - 84	19	150,185	*	(*, *)
85 +	4	64,520	*	(*, *)
Total	2,202	3,050,965	72.2	(69.2 , 75.2)

*rates based on fewer than 20 do not meet standards of reliability or precision and are not reported.

Table 57. Self-Inflicted Injury-Related Inpatient Hospitalizations by Mechanism/Cause, 1997-2001

Mechanism/Cause	Total	Male	Female
Poisoning	2,965	960	2,005
Cut/pierce	238	108	130
Other specified nec	39	13	26
Fire/burn	27	10	17
Firearm	26	17	9
Suffocation	22	17	5
Fall	8	4	4
Unspecified	6	1	5
Motor vehicle traffic	4	3	1
Other specified classifiable	4	4	0
Drowning/submersion	1	1	0
Natural/environmental	1	1	0
Total	3,341	1,139	2,202

Table 58. Self-Inflicted Injury-Related Inpatient Hospitalization Rates by Mechanism/Cause, 1997-2001

Mechanism/Cause	N	Age-Adjusted Rate/100,000	95% Confidence Interval
Poisoning	2,965	48.4	(46.7 , 50.2)
Cut/pierce	238	3.8	(3.3 , 4.3)
Other specified nec	39	0.6	(0.4 , 0.8)
Fire/burn	27	0.4	(0.3 , 0.6)
Firearm	26	0.4	(0.3 , 0.6)
Suffocation	22	0.4	(0.2 , 0.5)
Total	3,317	54.4	(52.6 , 56.3)

Rates were not calculated for those categories with a frequency less than 20.

Table 59. Average Length of Stay for Self-Inflicted Injury-Related Inpatient Hospitalizations by Mechanism/Cause, 1997-2001

Mechanism/Cause	Ave LOS	Std Dev	Count	95% Confidence Interval
Firearm	9.7	11.6	26	(5.3 , 14.2)
Fire/burn	9.7	7.0	27	(7 , 12.3)
Other specified nec	6.6	7.1	39	(4.4 , 8.9)
Suffocation	6.2	13.3	22	(0.7 , 11.8)
Cut/pierce	5.8	7.1	238	(4.9 , 6.8)
Poisoning	2.2	2.9	2,965	(2.1 , 2.3)

Table 60. Average Charge for Self-Inflicted Injury-Related Inpatient Hospitalizations by Mechanism/Cause, 2001

Mechanism/Cause	Ave Charge	Std Dev	Count	95% Confidence Interval
Firearm	26,865	21,803	10	(13,352 , 40,379)
Cut/pierce	9,080	7,248	41	(6,861 , 11,299)
Poisoning	6,473	8,218	669	(5,850 , 7,095)

Table 61. Self-Inflicted Injury-Related ED Visit Rates by Age Group and Gender, 1999-2001

Age Group	Total	3-Year NH Population	Age-Specific Rate/100,000	95% Confidence Interval
0 - 4	0	227,055	*	(*, *)
5 - 14	330	545,376	60.5	(54 , 67)
15 - 24	1,555	466,362	333.4	(316.9 , 350)
25 - 34	761	480,183	158.5	(147.2 , 169.7)
35 - 44	863	663,537	130.1	(121.4 , 138.7)
45 - 54	343	551,958	62.1	(55.6 , 68.7)
55 - 64	40	328,977	12.2	(8.7 , 16.6)
65 - 74	24	234,981	10.2	(6.5 , 15.2)
75 - 84	5	154,236	*	(*, *)
85 +	2	54,693	*	(*, *)
Total	3,923	3,707,358	105.8	(102.5 , 109.1)

Age Group	Male	3-Year NH M Population	Age-Specific Rate/100,000	95% Confidence Interval
0 - 4	0	117,018	*	(*, *)
5 - 14	102	278,562	36.6	(29.5 , 43.7)
15 - 24	550	235,251	233.8	(214.3 , 253.3)
25 - 34	276	238,287	115.8	(102.2 , 129.5)
35 - 44	221	328,962	67.2	(58.3 , 76)
45 - 54	125	275,379	45.4	(37.4 , 53.3)
55 - 64	18	163,200	*	(*, *)
65 - 74	10	109,695	*	(*, *)
75 - 84	5	61,560	*	(*, *)
85 +	0	15,147	*	(*, *)
Total	1,307	1,823,061	71.7	(67.8 , 75.6)

Age Group	Female	3-Year NH F Population	Age-Specific Rate/100,000	95% Confidence Interval
0 - 4	0	110,037	*	(*, *)
5 - 14	228	266,814	85.5	(74.4 , 96.5)
15 - 24	1,005	231,111	434.9	(408 , 461.7)
25 - 34	485	241,896	200.5	(182.7 , 218.3)
35 - 44	642	334,575	191.9	(177 , 206.7)
45 - 54	218	276,579	78.8	(68.4 , 89.3)
55 - 64	22	165,777	13.3	(8.3 , 20.1)
65 - 74	14	125,286	*	(*, *)
75 - 84	0	92,676	*	(*, *)
85 +	2	39,546	*	(*, *)
Total	2,616	1,884,297	138.8	(133.5 , 144.2)

*rates based on fewer than 20 do not meet standards of reliability or precision and are not reported.

Table 62. Self-Inflicted Injury-Related ED Visits by Mechanism/Cause, 1999-2001

Mechanism/Cause	Total	Male	Female
Poisoning	1,974	567	1,407
Cut/pierce	1,365	412	953
Other specified nec	366	217	149
Unspecified	117	52	65
Fire/burn	41	15	26
Suffocation	33	28	5
Fall	7	4	3
Firearm	6	5	1
Other specified classifiable	5	3	2
Motor vehicle traffic	4	2	2
Drowning/submersion	3	1	2
Natural/environmental	2	1	1
Total	3,923	1,307	2,616

Table 63. Self-Inflicted Injury-Related ED Visit Rates by Mechanism/Cause, 1999-2001

Mechanism/Cause	N	Age-Adjusted Rate/100,000	95% Confidence Interval
Poisoning	1,974	58.1	(55.5 , 60.7)
Cut/pierce	1,365	40.3	(38.2 , 42.5)
Other specified nec	366	11.1	(10 , 12.3)
Unspecified	117	3.5	(2.9 , 4.2)
Fire/burn	41	1.2	(0.8 , 1.5)
Suffocation	33	1.0	(0.6 , 1.3)
Total	3,923	116.0	(112.4 , 119.7)

Mechanism/Cause	Male	Age-Adjusted Rate/100,000	95% Confidence Interval
Poisoning	567	33.3	(30.5 , 36)
Cut/pierce	412	24.7	(22.3 , 27)
Other specified nec	217	13.2	(11.5 , 15)
Unspecified	52	3.1	(2.3 , 4)
Suffocation	28	1.6	(1 , 2.3)
Total	1,307	77.8	(73.6 , 82)

Mechanism/Cause	Female	Age-Adjusted Rate/100,000	95% Confidence Interval
Poisoning	1,407	83.1	(78.7 , 87.4)
Cut/pierce	953	56.0	(52.5 , 59.6)
Other specified nec	149	9.0	(7.5 , 10.4)
Unspecified	65	3.9	(3 , 4.9)
Fire/burn	26	1.5	(0.9 , 2)
Total	2,616	154.4	(148.5 , 160.3)

Table 64. Average Charge for Self-Inflicted Injury-Related ED Visits by Mechanism/Cause, 2001

Mechanism/Cause	Ave Charge	Std Dev	Count	95% Confidence Interval
Poisoning	1,104	813	771	(1,046 , 1,161)
Other specified nec	593	1,307	184	(404 , 782)
Cut/pierce	531	453	496	(491 , 571)
Unspecified	408	441	29	(247 , 569)
Fire/burn	393	387	15	(197 , 589)

Table 65. Self-Inflicted Firearm Injury-Related Deaths by Age Group, 1999-2001

Age Group	Total	Male	Female
5 - 14	1	1	0
15 - 24	34	30	4
25 - 34	34	30	4
35 - 44	49	45	4
45 - 54	40	36	4
55 - 64	20	18	2
65 - 74	13	13	0
75 - 84	18	17	1
85 +	7	7	0
Total	216	197	19

Table 66. Self-Inflicted Poisoning Injury-Related Deaths by Age Group, 1999-2001

Age Group	Total	Male	Female
0 - 4	0	0	0
5 - 14	0	0	0
15 - 24	8	8	0
25 - 34	18	12	6
35 - 44	34	19	15
45 - 54	29	14	15
55 - 64	7	3	4
65 - 74	3	0	3
75 - 84	2	1	1
85 +	1	1	0
Total	102	58	44

Table 67. Self-Inflicted Poisoning Injury-Related Inpatient Hospitalization Rates by Age Group and Gender, 1997-2001

Age Group	Total	5-Year NH Population	Age-Specific Rate/100,000	95% Confidence Interval
0 - 4	0	369,575	*	(*, *)
5 - 14	87	887,930	9.8	(7.8 , 12.1)
15 - 24	720	755,300	95.3	(88.4 , 102.3)
25 - 34	647	890,030	72.7	(67.1 , 78.3)
35 - 44	802	1,114,225	72.0	(67 , 77)
45 - 54	508	803,310	63.2	(57.7 , 68.7)
55 - 64	121	462,375	26.2	(21.5 , 30.8)
65 - 74	54	382,590	14.1	(10.6 , 18.4)
75 - 84	21	250,965	8.4	(5.2 , 12.8)
85 +	5	89,370	*	(*, *)
Total	2,965	6,005,670	49.4	(47.6 , 51.1)

Age Group	Male	5-Yr NH M Population	Age-Specific Rate/100,000	95% Confidence Interval
0 - 4	0	187,565	*	(*, *)
5 - 14	20	454,530	4.4	(2.7 , 6.8)
15 - 24	230	380,355	60.5	(52.7 , 68.3)
25 - 34	228	437,935	52.1	(45.3 , 58.8)
35 - 44	231	560,480	41.2	(35.9 , 46.5)
45 - 54	178	404,830	44.0	(37.5 , 50.4)
55 - 64	50	227,400	22.0	(16.3 , 29)
65 - 74	13	175,980	*	(*, *)
75 - 84	7	100,780	*	(*, *)
85 +	3	24,850	*	(*, *)
Total	960	2,954,705	32.5	(30.4 , 34.5)

Age Group	Female	5-Yr NH F Population	Age-Specific Rate/100,000	95% Confidence Interval
0 - 4	0	182,010	*	(*, *)
5 - 14	67	433,400	15.5	(12 , 19.6)
15 - 24	490	374,945	130.7	(119.1 , 142.3)
25 - 34	419	452,095	92.7	(83.8 , 101.6)
35 - 44	571	553,745	103.1	(94.7 , 111.6)
45 - 54	330	398,480	82.8	(73.9 , 91.7)
55 - 64	71	234,975	30.2	(23.6 , 38.1)
65 - 74	41	206,610	19.8	(14.2 , 26.9)
75 - 84	14	150,185	*	(*, *)
85 +	2	64,520	*	(*, *)
Total	2,005	3,050,965	65.7	(62.8 , 68.6)

*rates based on fewer than 20 do not meet standards of reliability or precision and are not reported.

Table 68. Self-Inflicted Poisoning Injury-Related ED Visit Rates by Age Group and Gender, 1999-2001

Age Group	Total	3-Year NH Population	Age-Specific Rate/100,000	95% Confidence Interval
0 - 4	-	227,055	*	(*, *)
5 - 14	170	545,376	31.2	(26.5 , 35.9)
15 - 24	741	466,362	158.9	(147.4 , 170.3)
25 - 34	379	480,183	78.9	(71 , 86.9)
35 - 44	452	663,537	68.1	(61.8 , 74.4)
45 - 54	198	551,958	35.9	(30.9 , 40.9)
55 - 64	24	328,977	7.3	(4.7 , 10.9)
65 - 74	8	234,981	*	(*, *)
75 - 84	1	154,236	*	(*, *)
85 +	1	54,693	*	(*, *)
Total	1,974	3,707,358	53.2	(50.9 , 55.6)

Age Group	Male	3-Yr NH M Population	Age-Specific Rate/100,000	95% Confidence Interval
0 - 4	-	117,018	*	(*, *)
5 - 14	39	278,562	14.0	(10 , 19.1)
15 - 24	204	235,251	86.7	(74.8 , 98.6)
25 - 34	116	238,287	48.7	(39.8 , 57.5)
35 - 44	121	328,962	36.8	(30.2 , 43.3)
45 - 54	74	275,379	26.9	(21.1 , 33.7)
55 - 64	10	163,200	*	(*, *)
65 - 74	2	109,695	*	(*, *)
75 - 84	1	61,560	*	(*, *)
85 +	0	15,147	*	(*, *)
Total	567	1,823,061	31.1	(28.5 , 33.7)

Age Group	Female	3-Yr NH F Population	Age-Specific Rate/100,000	95% Confidence Interval
0 - 4	-	110,037	*	(*, *)
5 - 14	131	266,814	49.1	(40.7 , 57.5)
15 - 24	537	231,111	232.4	(212.7 , 252)
25 - 34	263	241,896	108.7	(95.6 , 121.9)
35 - 44	331	334,575	98.9	(88.3 , 109.6)
45 - 54	124	276,579	44.8	(36.9 , 52.7)
55 - 64	14	165,777	*	(*, *)
65 - 74	6	125,286	*	(*, *)
75 - 84	0	92,676	*	(*, *)
85 +	1	39,546	*	(*, *)
Total	1,407	1,884,297	74.7	(70.8 , 78.6)

*rates based on fewer than 20 do not meet standards of reliability or precision and are not reported.

Table 69. Self-Inflicted Poisoning Injury-Related Inpatient Hospitalization Rates by Poison Type, 1997-2001

Poison Groups	N	Age-Adjusted Rate/100,000	95% Confidence Interval
Psychotropic Agent	1,370	22.0	(20.9 , 23.2)
Analgesics	712	12.0	(11.1 , 12.8)
Drug/Medicine NEC/NOS	583	9.5	(8.8 , 10.3)
All Other Poisons	190	3.1	(2.6 , 3.5)
Sedative/Hypnotic	97	1.6	(1.3 , 1.9)
Exhaust Gas	13	*	(*, *)
Total	2,965	48.4	(46.7 , 50.2)

Poison Groups	Male	Age-Adjusted Rate/100,000	95% Confidence Interval
Psychotropic Agent	381	12.4	(11.1 , 13.6)
Analgesics	217	7.3	(6.3 , 8.3)
Drug/Medicine NEC/NOS	233	7.6	(6.7 , 8.6)
All Other Poisons	86	2.8	(2.2 , 3.4)
Sedative/Hypnotic	33	1.1	(0.7 , 1.5)
Exhaust Gas	10	*	(*, *)
Total	960	31.6	(29.6 , 33.6)

Poison Groups	Female	Age-Adjusted Rate/100,000	95% Confidence Interval
Psychotropic Agent	989	31.7	(29.7 , 33.7)
Analgesics	495	16.7	(15.2 , 18.2)
Drug/Medicine NEC/NOS	350	11.5	(10.3 , 12.7)
All Other Poisons	104	3.3	(2.7 , 3.9)
Sedative/Hypnotic	64	2.1	(1.6 , 2.6)
Exhaust Gas	3	*	(*, *)
Total	2,005	65.3	(62.4 , 68.2)

*rates based on fewer than 20 do not meet standards of reliability or precision and are not reported.

Table 70. Self-Inflicted Poisoning Injury-Related ED Visit Rates by Poison Type, 1999-2001

Poison Groups	N	Age-Adjusted Rate/100,000	95% Confidence Interval
Psychotropic Agent	746	21.6	(20.1 , 23.2)
Analgesics	622	18.7	(17.2 , 20.1)
Drug/Medicine NEC/NOS	428	12.7	(11.5 , 13.9)
All Other Poisons	124	3.6	(2.9 , 4.2)
Sedative/Hypnotic	54	1.6	(1.2 , 2)
Total	1,974	58.1	(55.5 , 60.7)

Poison Groups	Male	Age-Adjusted Rate/100,000	95% Confidence Interval
Psychotropic Agent	210	12.2	(10.5 , 13.8)
Analgesics	146	8.8	(7.3 , 10.2)
Drug/Medicine NEC/NOS	139	8.2	(6.9 , 9.6)
All Other Poisons	59	3.4	(2.5 , 4.2)
Sedative/Hypnotic	13	*	(*, *)
Total	567	33.3	(30.5 , 36)

Poison Groups	Female	Age-Adjusted Rate/100,000	95% Confidence Interval
Psychotropic Agent	536	31.1	(28.5 , 33.8)
Analgesics	476	28.7	(26.1 , 31.3)
Drug/Medicine NEC/NOS	289	17.1	(15.1 , 19.1)
All Other Poisons	65	3.8	(2.8 , 4.7)
Sedative/Hypnotic	41	2.4	(1.6 , 3.1)
Total	1,407	83.1	(78.7 , 87.4)

*rates based on fewer than 20 do not meet standards of reliability or precision and are not reported.

Table 71. Average Length of Stay for Self-Inflicted Poisoning Injury-Related Inpatient Hospitalizations by Poison Type, 1997-2001

Poison Groups	Ave LOS	Std Dev	Count	95% Confidence Interval
All Other Poisons	2.7	4.1	190	(2.1 , 3.3)
Analgesics	2.3	2.6	712	(2.1 , 2.5)
Psychotropic Agent	2.2	3.2	1,370	(2.1 , 2.4)
Drug/Medicine NEC/NOS	2.1	2.3	583	(1.9 , 2.3)
Exhaust Gas	2.1	1.8	13	(1.1 , 3)
Sedative/Hypnotic	1.9	2.3	97	(1.5 , 2.4)

Table 72. Average Charges for Self-Inflicted Poisoning Injury-Related Inpatient Hospitalizations by Poison Type, 2001

Poison Groups	Ave Charge	Std Dev	Count	95% Confidence Interval
All Other Poisons	10,858	15,137	33	(5,694 , 16,023)
Psychotropic Agent	6,464	9,734	311	(5,382 , 7,546)
Analgesics	6,134	5,077	155	(5,335 , 6,933)
Sedative/Hypnotic	6,121	6,140	31	(3,959 , 8,283)
Drug/Medicine NEC/NOS	5,942	4,374	136	(5,206 , 6,677)

Table 73. Average Charges for Self-Inflicted Poisoning Injury-Related ED Visits by Poison Type, 2001

Poison Group	Ave Charge	Std Dev	Count	95% Confidence Interval
All Other Poisons	1,184	729	51	(983 , 1,384)
Sedative/Hypnotic	1,179	1,154	24	(717 , 1,641)
Psychotropic Agent	1,114	681	302	(1,037 , 1,191)
Analgesics	1,097	939	213	(971 , 1,224)
Drug/Medicine NEC/NOS	1,062	830	181	(941 , 1,183)

Table 74. Self-Inflicted Cut/pierce Injury-Related ED Visit Rates by Age Group and Gender, 1999-2001

Age Group	Total	3-Year NH Population	Age-Specific Rate/100,000	95% Confidence Interval
0 - 4	0	227,055	*	(*, *)
5 - 14	103	545,376	18.9	(15.2 , 22.5)
15 - 24	542	466,362	116.2	(106.4 , 126)
25 - 34	263	480,183	54.8	(48.2 , 61.4)
35 - 44	321	663,537	48.4	(43.1 , 53.7)
45 - 54	113	551,958	20.5	(16.7 , 24.2)
55 - 64	12	328,977	*	(*, *)
65 - 74	11	234,981	*	(*, *)
75 - 84	0	154,236	*	(*, *)
85 +	0	54,693	*	(*, *)
Total	1,365	3,707,358	36.8	(34.9 , 38.8)

Age Group	Male	3-Year NH M Population	Age-Specific Rate/100,000	95% Confidence Interval
0 - 4	0	117,018	*	(*, *)
5 - 14	25	278,562	9.0	(5.8 , 13.2)
15 - 24	186	235,251	79.1	(67.7 , 90.4)
25 - 34	92	238,287	38.6	(31.1 , 47.4)
35 - 44	62	328,962	18.8	(14.4 , 24.2)
45 - 54	37	275,379	13.4	(9.5 , 18.5)
55 - 64	5	163,200	*	(*, *)
65 - 74	5	109,695	*	(*, *)
75 - 84	0	61,560	*	(*, *)
85 +	0	15,147	*	(*, *)
Total	412	1,823,061	22.6	(20.4 , 24.8)

Age Group	Female	3-Year NH F Population	Age-Specific Rate/100,000	95% Confidence Interval
0 - 4	0	110,037	*	(*, *)
5 - 14	78	266,814	29.2	(23.1 , 36.5)
15 - 24	356	231,111	154.0	(138 , 170)
25 - 34	171	241,896	70.7	(60.1 , 81.3)
35 - 44	259	334,575	77.4	(68 , 86.8)
45 - 54	76	276,579	27.5	(21.7 , 34.4)
55 - 64	7	165,777	*	(*, *)
65 - 74	6	125,286	*	(*, *)
75 - 84	0	92,676	*	(*, *)
85 +	0	39,546	*	(*, *)
Total	953	1,884,297	50.6	(47.4 , 53.8)

*rates based on fewer than 20 do not meet standards of reliability or precision and are not reported.

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